

S. No. 2
M-5-43
r. 5-17-39
I X36671

State File No.

FILED JAN 25 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 477

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
307 Dover Pl. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape ¹⁶

(c) City or town Cape Girardeau ¹

(d) Street No. 1706 Bloomfield Ave.
(If outside city or town limits, write "RURAL")
(If rural, give location) ^{N.R.}

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Brooks Sanders Robinson

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Polly Robinson 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased December 7 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>7</u>	hr. min.

9. Birthplace Bollinger County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Polly Robinson

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 1-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JAN 15 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1946 hour 4:35 minute A. M.

21. I hereby certify that I attended the deceased from Dec 28 1945, to Jan 14 1946 that I last saw him alive on Jan 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decomposition

Due to Cerebral Myocarditis
arteriosclerotic heart disease

Due to senility

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(f) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address 1703 S. Grand Date signed 1-15-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3022

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Henry M. Branner*

Licensed Embalmer No..... *4200*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.