

FILED FEB 31 1946

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3373 Sublette Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Robinson

3. (b) If veteran, name war ***** 3. (c) Social Security No. 486-28-1574

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

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

7. Birth date of deceased June 2 1923
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>7</u>	<u>23</u>	hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business.....

MOTHER FATHER { 12. Name William H. Robinson

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

14. Maiden name Grace Beasley

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bruce Robinson

(b) Address 3373 Sublette Ave

17. (a) Burial (b) Date thereof 1-28-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Regenerius Bws

(b) Address 6409 Gravois Ave

19. (a) JAN 26 1946 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day January
year 1946 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull Duration 2

Subdural hemorrhage from

ruptured spleen while the

deceased was driving

vehicle west of

St. Louis on

886 N. Kingshighway Boulevard

St. Louis, Mo. Jan. 6, 1946

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

Major findings: Of operations.....

Of autopsy 12

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 Jan 6 1946

(c) Where did injury occur St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street

While at work? (Specify type of place) (e) Means of injury 6 abv

23. Signature Richard H. Harty (M. D. or other)

Address St. Louis Date signed 1/24/46

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

DUPLICATE

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Coroner

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..... *Homer H. Fritz*
..... Licensed Embalmer No. *3882*

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.