S. No. 2
M—8-43
. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15137

FILED APR 17 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3140

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: Homer G. Phillips 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 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3932 Page Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Augusta Robinson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 5 (Day) 1871 (Year)
8. AGE: Years 75 Months 1 Days 26 If less than one day hr. min.
9. Birthplace Leavenworth (City, town, or county) Kan. (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Tennessee Smith
15. Birthplace ? (City, town, or county) Kan. (State or foreign country)
16. (a) Informant Clara Boatwright
(b) Address 3932 Page
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/46 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard
19. (a) APR 1 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1946 hour 12:15 minute P. 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 Acute diffuse Generalized Peritonitis
Due to Coronary Acute Mechanical Obstruction of Bowel (Adhesions Bowel) while being hospitalized for
Due to Operative Treatment by the night surgeon who slept in a chair
Other conditions (Include pregnancy within 3 months of death) in front of 3920 Cook Ave. Overall 46 lbs
Major findings: Of operations 2/1946.
Of autopsy

Duration

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) Accident
(b) Date of occurrence Feb. 22 1946
(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? Public Stairway
(Specify type of place)
While at work? (f) Means of injury Fall
23. Signature Alfred Perry (M. D. or other)
Address Date signed 4/3/46

(Licensed Embalmer's Statement on Reverse Side)

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 L Boy

....., Registered Apprentice No. 2

working under my personal supervision.

Signed Lorraine Boyers

Licensed Embalmer No. 2946

P. O. Address St Louis M

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.