

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18834**  
Registrar's No. **4748**

**FILED** JUN 16 1946  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
Homer G Phillips Hospital  
(d) Length of stay: In hospital or institution 3 days  
In this community 34 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(d) Street No. 3732 Cook Ave.  
(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME Sterling Robinson  
3. (b) If veteran, name war..... 3. (c) Social Security No. unk  
4. Sex male 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 Dec 1st 1879

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 22 year 1946 hour 9 minute 5 P.  
21. I hereby certify that I attended the deceased from 5-19 1946, to 5-22 1946, that I last saw h. im alive on 5-22 1946, and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 5 Days 21 If less than one day hr. min.  
9. Birthplace Huntsville Ala  
10. Usual occupation minister  
11. Industry or business.....  
12. Name Sterling Robinson  
13. Birthplace Huntsville Ala  
14. Maiden name Jane Boone  
15. Birthplace Huntsville Ala  
16. (a) Informant Marion Frazier  
(b) Address 3732 Cook Ave  
17. (a) Burial (b) Date thereof 5-27-46  
(c) Place: burial or cremation St. Peter's  
18. (a) Signature of funeral director J. F. Kahle & Son  
(b) Address 3133 Bell Ave  
19. (a) MAY 27 1946 (b) J. F. Kahle

Immediate cause of death Degenerative Heart Disease with Left Hemiplegia (old) Duration Unk  
Due to.....  
Due to.....  
Other conditions Chronic Glomerulonephritis Unk  
Major findings:  
Of operations.....  
Of autopsy None

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work..... (Specify type of place) (e) Means of injury.....  
23. Signature E. B. Williams (M. D. or other).....  
Address 2601 N Whittier Date signed 5/23/46

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**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.....

Licensed Embalmer No.....

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.**