

S. No. 2  
M-5-43  
5-17-39  
I X36871

**FILED JUL 22 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
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. City Hospital 4071 Greaves  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Clarence A. Robbins  
(b) If veteran, name war W.W. #2  
(c) Social Security No. yes

4. Sex M. 5. Color or race W.  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Dorothy  
(c) Age of husband or wife if alive..... years  
7. Birth date of deceased Dec. 4 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 7 4 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Sec'y

11. Industry or business Robbins Varnish Co.

MOTHER FATHER  
12. Name Clarence Robbins  
13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Paynter  
15. Birthplace Du Quoin, Ills  
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Robbins  
(b) Address 855 Glen Elm Drive, Glendale

17. (a) burial (b) Date thereof July 10/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine  
18. (a) Signature of funeral director Alexander Saus  
(b) Address 6175 Delmar

19. (a) JUL 9 1946 (b) J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1946 hour About 7: minute 55A. M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;  
that I last saw him..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from laceration of right leg, in external hemorrhage with urethral discharge, he was struck a sharp divider set between his legs on road  
Other conditions as in July 8  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy 6

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 July 8 1946  
(c) Where did injury occur? 21 Sons Ln  
(City or town) (County) (State)  
(d) Did injury occur in or about home, or farm, in industrial place, in public place?  
Public Street  
While at work? (Specify type of place) (e) Means of injury about  
23. Signature John E. High (Date or other)  
Address 272 Date signed 7/9/46

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

**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 *Jos. E. McCulloch*  
Licensed Embalmer No. *2460*  
P. O. Address *6175 Dilman*

**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.**