

FILED AUG 20 1946
318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **6683**

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 **2 months**
(Specify whether _____)

In this community **Unk** **life**
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME **Ernest Robinson**

3. (b) If veteran, name war **I WORLD WAR**

3. (c) Social Security No. _____

4. Sex **Male** **5. Color or race** **Wh**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Augusta Robinson**

6. (c) Age of husband or wife if _____ **alive** _____ **years**

7. Birth date of deceased **Feb 6 1896**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	5	21	_____ hr. _____ min.

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

10. Usual occupation **LABOR**

11. Industry or business _____

MOTHER, FATHER

12. Name **William Robinson**

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

14. Maiden name **Carida Reynolds**

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

16. (a) Informant **Mrs Augusta Robinson**

(b) Address **4218 W. N. Market**

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

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **Herbert Smith**

(b) Address **4247 W. Babalut ave.**

19. (a) JUL 30 1946 **J. F. Brodeur**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**

(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4218 North Market**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**
year **1946** hour **5** minute **05** P.M.

21. I hereby certify that I attended the deceased from **May 27, 1946** to **July 27, 1946**
that I last saw him alive on **July 27, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Duration **Unk**

Due to _____

Due to _____

Other conditions _____
(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) _____

(e) Means of injury _____

23. Signature **H. J. Erwin** (M. D. _____)

Address **2601 No Whittier** **Date signed** **7/29/46**

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

27843

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.....

Laura E. Johnson
Licensed Embalmer No. 4341

P. O. Address.....
St. Louis 13 Mo

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.