No. 2
—5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32144

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8224

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 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1620 Chestnut 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James Robinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced 2 L

6. (b) Name of husband or wife Da

6. (c) Age of husband or wife if alive, or if deceased, years DECEASED

7. Birth date of deceased UnKn (Month) (Day) 1905 (Year)

8. AGE

Years	Months	Days	If less than one day
abt 41			hr. min.

9. Birthplace (City, town, or county) 4 (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name JAKE ROBINSON
13. Birthplace M (City, town, or county) MISSISSIPPI (State or foreign country)

MOTHER
14. Maiden name UnKn
15. Birthplace (City, town, or county) MISSISSIPPI (State or foreign country)

16. (a) Informant Edna Shelton
(b) Address 1620 Chestnut st

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 23 1946 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Hudard Sandell
(b) Address 2812 Cass Ave St Louis Mo

19. (a) SEP 27 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1946 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from 9-4, 19 46 to 9-16, 19 46
that I last saw him alive on Sept. 16, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malignant Hypertension with Uremia	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

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

23. Signature E. B. Williams (M. D. or other)
Address 2601 N Whittier Date signed 9/10/46

(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~~ .....

..... , ~~Registered Apprentice No.~~ .....,

working under my personal supervision.

Signed Theodore T Yaudee

Licensed Embalmer No. 4243

P. O. Address 937 N Elm Av
Webster Groves 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.