

No. 2
-12-45
5-17-39
K47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7263, ✓

State File No. _____

FILED MAR 31 1947

Registration District No. 314-7947

Primary Registration District No. 3069

Registrar's No. 492

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys 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 _____
years, months or days

3. (a) PRINT FULL NAME FREDERICK ROBINSON

3. (b) If veteran, name war. NO

3. (c) Social Security No. NO

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hilda E. Robinson

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 16, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>8</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Jonathan Robinson

13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Hilda E. Robinson

(b) Address 7101 Delmar Blvd., University City

17. (a) Burial (b) Date thereof March 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar Blvd., University City

19. (a) 3-7-47 (b) Arthur J. Hallenbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7101 Delmar Blvd.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3
year 1947 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 1946 to Mar 3 1947
that I last saw him alive on Mar 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 3 mos

Due to Rheumatic Heart Disease 3 yrs?

Due to 95%

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 0

23. Signature Rhussella (M. D. or other) _____

Address 3720 Washington Date signed 3/4/47

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

R.A.Kinsella
3720 Washington
Je. 5100

OCT 1900

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 *Raymond L. Morris*
Licensed Embalmer No. *4230*
P. O. Address *Maplewood, 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.