

No. 2
-12-45
-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11460

State File No.

FILED MAR 31 1948 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

2881

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 6 days (Specify whether
years, months or days) (Specify whether

3. (a) PRINT FULL NAME Susie Robinson

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased March 10 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 0 7 hr. min.

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

10. Usual occupation Domestic

11. Industry or business.....

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Josie Ivy
(b) Address 1612 Delmar Blvd

17. (a) BURIAL (b) Date thereof 3/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEMETERY

18. (a) Signature of funeral director Ellis FUNERAL HOME

(b) Address 2820 Stoddard St

19. (a) MAR 18 1947 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

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. 1612 Delmar
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 17
year 1947 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from
9-11 1947, to 3-17 1947;
that I last saw her alive on Mar. 17 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized Arteriosclerosis
Senility

Duration

Undet.

Due to.....
Due to.....

Other conditions Mal-nutrition with Dehydration
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy No

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 Edw B Williams (M. D. or other).....
Address 2601 N Whittier Date signed 3/17/47

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 L. Boykin
....., Registered Apprentice No.
working under my personal supervision.

Signed

Lonnie Boykin

Licensed Embalmer No.

2946

P. O. Address

St Louis 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.