

No. 2
-1/47
5-17-39

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19296**
Registrar's No. **5305**

FILED JUN 5 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **16 yrs 1 mos 6 ds**
(Specify whether
In this community..... **61 years**
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. **928 N. 10th**
City Sanitarium (Location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **ALBERT W. ROBINSON**
3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month **May** day **26th**
year **1947** hour **10:30** minute **P. M.**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Lena Robinson**
6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **May 12 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 1, 1941** to **May 26, 1947**
that I last saw him alive on **May 26, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia**
Senility
Duration **4 das.**

8. AGE: Years **79** Months **0** Days **14**
If less than one day
.....hr.min.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace **Edwardsville Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Manager-vinegar Co.**

Of operations.....
Of autopsy **No**
PHYSICIAN
Underline the cause of which death should be charged statistically.

11. Industry or business.....
12. Name **not known John S. Robinson**
13. Birthplace **not known New York**
(City, town, or county) (State or foreign country)
14. Maiden name **not known Mary Wier**
15. Birthplace **not known Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Helma Siegler**
(b) Address **5400 Arsenal**
17. (a) **Burial** (b) Date thereof **May 29 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bethany Cemetery**

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 **L. Hofstatter** (M. D. or other) **M. D.**
Address **5400 Arsenal st.** Date signed **5/26/47**

18. (a) Signature of funeral director **Calvin F Feutz**
(b) Address **4828 Nat. Bridge Blvd**
19. (a) **MAY 28 1947** (b) **J. J. Brodeek**
(Date received at registrar) (Registrar's signature)

MOTHER FATHER
com. by affix
apostrophe

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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 *John A. Mlinar*

Licensed Embalmer No. *4186*

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.

Ro. 7955

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 19296/47

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 5305

On this _____ day of _____, 195____, before me appears _____

_____ who, upon _____ oath, states that the original record of birth death
for **Albert Weir Robinson** ^{died} ~~born~~ **May 25 1947**, 19____, in the State of

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. **2** should read **Albert Weir Robinson**

Instead of _____ **Albert W Robinson**

Item No. **12** should read **Joseph Gillespie Robinson**

Instead of _____ **Unknown**

Item No. **13** should read **New York**

Instead of _____ **Unknown**

Item No. **14** should read **Mary Weir**

Instead of _____ **Unknown**

Item No. **15** should read **Illinois**

Instead of _____ **Unknown**

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL) *Feutz* Affiant **CALVIN F. FEUTZ FUNERAL HOME, Inc.** Relationship. *Einar Feutz Pres.*

Present Address.

Subscribed and sworn to before me this **27** day of **Feb.**, 195**4**

My Commission expires **March 11, 1957** *George H. Dobbles* Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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CONFIDENTIAL

