S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 5 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19298

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5225

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: PRONOUNCED DEAD HOMER G. PHILLIPS HOSP (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) 28 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2811 E Rear Lucas ave 9 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME Henry B. Robinson

3. (b) If veteran, name war

3. (c) Social Security No. 497-09-2914

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife ARAH

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June (Month) 23rd (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
51	11	0	hr. min.

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

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER

12. Name Noble Robinson

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

14. Maiden name Amelia

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

16. (a) Informant Mrs Arah Robinson

(b) Address 2811 E R. Lucas ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-47 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Beee Ave

19. (a) MAY 26 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd year 1947 hour 7:35 minute 4 M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lymphatic Leukemia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 (M. D. or other)

Address Date signed 5/24/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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..... Registered Apprentice No..... working under my personal supervision.

Signed S J Watson

Licensed Embalmer No. 2690

P. O. Address 2769 Chouteau

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.