No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22603

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 5914

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to Homer 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 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ood

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

(d) Street No. 3403 Walnut St. 9
(If rural, give location)

(e) Citizen of foreign country? 18 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME George Robinson

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife Mattie Robinson

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Abt. 1882
(Month) (Day) (Year)

8. AGE: Years Abt. 65 | Months | Days | If less than one day ... hr. ... min.

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

10. Usual occupation Laborer

11. Industry or business St. Louis Finishing Co

FATHER
12. Name George Robinson, Sr.
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida (Unk)
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Robinson
(b) Address 3403 Walnut St.

17. (a) Burial (b) Date thereof 6-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director R.M.C. Green
(b) Address 3517 Laclede Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1947 hour 6 minute 30 P 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.

Immediate cause of death Coronary Occlusion (Sclerosis)

Due to

Due to 94 a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 3

23. Signature Alfred G. Perry (M. D. or other)

Address Jeffery Clinton Date signed 6/16/47

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

Jefferson City Printing Co.

(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 Edgar H. Green, Registered Apprentice No. 513, working under my personal supervision.

Signed Melvin E. Green

Licensed Embalmer No. 4428

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.