

S. No. 2
DM-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 26 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 25992
8864
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(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 S. Phillips
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ood
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 913 1/2 N. Jefferson Ave
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Jerry Robinson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-16-6904

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edrie Robinson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 22 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>0</u>	<u>28</u>	hr. min.

9. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Trucker

11. Industry or business Triangle Express Co.

12. Name Unknown

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

14. Maiden name Edith Kane

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

16. (a) Informant Edrie Robinson, Wife

(b) Address 913 1/2 N. Jefferson Ave

17. (a) Removal (b) Date thereof 7-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Tenn.

18. (a) Signature of funeral director Edlie Funeral Home
(b) Address 2639 S. Giddings St

19. (a) JUL 22 1947 (b) J. T. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1947 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from July 16, 19 47, to July 20, 19 47
that I last saw him alive on July 20, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Far-Advanced Pulmonary Tuberculosis Duration Unk

Due to bc

Due to 1/2

Other conditions 1/2
(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 O. L. Daniels (M. D. or other) _____

Address 2601 N. Whittier Date signed 7-21-47

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

MOTHER FATHER

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 Walter E. Culkin

Licensed Embalmer No. 4198

P. O. Address Dorris 13

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.