V. S. No. 2
0M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40113

FILED DEC 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11196

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: 5610A Delmar Blvd.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-0-0

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

(d) Street No. 5 5610A Delmar Blvd. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas A. Robinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

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

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

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

7. Birth date of deceased Aug. (Month) 7 (Day) 1860 (Year)

8. AGE: Years 87 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation Tailor (Retired)

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. M. C. Ritzer
(b) Address 5610A Delmar

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) DEC 8 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
year 1947 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 28th 1947, 19 , to Dec. 5 - 1947, that I last saw him alive on 11-28- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of myocardium.

Due to Chronic mitral insufficiency and aortic stenosis.

Due to Decompensation of the myocardium.

Other conditions (Include pregnancy within 3 months of death) general arteriosclerosis Senility.

Major findings:
Of operations Chronic nephritis secondary anaemia.
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) no

(b) Date of occurrence —

(c) Where did injury occur? none (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 G. P. Murphy (M. D. or other) 0

Address 2616 North Kingshighway Date signed 12-5-1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2 to 5

2626 N. Kingsby,

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address .....

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.