

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

1. PLACE OF DEATH:  
(a) County  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution: 1514 A.S. 7<sup>th</sup> ST.  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County 011  
(c) City or town ST. LOUIS  
(d) Street No. 1514 A.S. 7<sup>th</sup> ST.  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELMER LEAKIAL ROBINSON  
3. (b) If veteran, name war 1  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 27  
year 1947 hour 10 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.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced DIVORCED  
6. (b) Name of husband or wife LINET ROBINSON  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased MAY 3 1888  
(Month) (Day) (Year)

Immediate cause of death  
Coronary Hypertrophy  
Arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 59 Months 7 Days 24  
9. Birthplace WAYMAN-CITY ILLINOIS  
10. Usual occupation LABORER

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name W.M. SAMUEL ROBINSON  
13. Birthplace ILLINOIS  
14. Maiden name SARAH R. ELLIOTT  
15. Birthplace ILLINOIS  
16. (a) Informant Mrs. Anna Knapp  
(b) Address 921A Park Av 11  
17. (a) BURIAL (b) Date thereof Dec 30, 47  
(c) Place: burial or cremation NATIONAL Cem. JEFFERSON  
18. (a) Signature of funeral director E. J. Schurz  
(b) Address 3125 Lafayette St  
19. (a) DEC 29 1947 (b) J.F. Bredeck  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
23. Signature Deputy Coroner (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 12-29-47

JAN 2 1948

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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 B. Vallance  
Licensed Embalmer No. 4014  
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.**