

FILED JAN 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 3014  
Registrar's No. 560

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..... **Homer C Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **4253 W Labadie**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Vernice Robinson**

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex **Female** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced..... **Sep. /**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... **Nov. 18 1915**  
(Month) (Day) (Year)

8. AGE: Years **32** Months **I** Days **23** If less than one day  
..... hr. .... min.

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

10. Usual occupation **Housework**

11. Industry or business.....

12. Name **Andrew Jiles**

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

14. Maiden name **Eleanor Montgomery**

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

16. (a) Informant **Mrs Lucy Campbell**

(b) Address **4253 W Labadie Ave**

17. (a) **Burial** (b) Date thereof **I/ 20/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter's**

18. (a) Signature of general director **Herman J. Smith**

(b) Address **4253 W Labadie Ave**

19. (a) **JAN 20 1948** (b) **J. F. Braden**  
(Date registered local registrar) (Registrar's signature)

Jefferson Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **15**  
year **1948** hour **6** minute **15** p. M.

21. I hereby certify that I attended the deceased from **Jan. 14 1948** to **Jan. 15 1948**  
that I last saw her alive on **Jan. 15 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Probable Cerebral Thrombosis** Duration **Undet.**

Other conditions..... **None**  
(Include pregnancy within 3 months of death)

Due to..... **83**

Due to.....

Major findings: Of operations.....

Of autopsy..... **No**

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) Means of injury.....

23. Signature **Oscar L. Daniels** (M. D. or other).....  
Address **2601 N Whittier** Date signed **1/16/48**

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

MOTHER FATHER

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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.....

Licensed Embalmer No.....

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.