. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6941
Registrar's No. 1201

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 G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days (Specify whether
In this community 22 yrs
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. 1604 a Franklin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maggie Robinson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April (Month) 24 (Day) 1902 (Year)

8. AGE: Years 45 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Madison County (City, town, or county) Ala. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

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

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

16. (a) Informant Caroline Crawford
(b) Address 3315 Milton, Cinn. Ohio

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Feb 5, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director J. Marshall
(b) Address 2205 Mo., East St. Louis, Ill.

19. (a) FEB 5 1948 (Date received local registrar) (b) J. F. Bracek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1948 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 12, 1948, to Feb. 2, 1948
that I last saw her alive on Feb. 2, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of Liver with Pleural Effusion	
Due to	
Due to	
Other conditions Possible Carcinoma of Stomach (Include pregnancy within 3 months of death)	

Lues

Major findings:
Of operations
Of autopsy No

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

23. Signature Oscar L Daniels (M. D. or other)
Address 2601 N Whittier Date signed 2/3/48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.