

State File No. \_\_\_\_\_

FILED MAR 22 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 330

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution St. Joseph Hospital  
 (If not in hospital or institution, write street number or location) 0  
 (d) Length of stay: In hospital or institution 5 days  
 In this community 18 years  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1313 North 4th Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME David George Robinson  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 360-07-9428

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 14  
 year 1948 hour 2 minutes 55 A.M.  
 21. I hereby certify that I attended the deceased from 9 March  
1948 to March 14 1948  
 that I last saw him alive on 13 March 1948  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race negro  
 6. (a) Single, widowed, married  
 divorced divorced  
 6. (b) Name of husband or wife Juanita Buxton Robinson  
 6. (c) Age of husband or wife if alive 23 years  
 7. Birth date of deceased April 13 1910  
 (Month) (Day) (Year)

Immediate cause of death Subarachnoid hemorrhage Duration 5 days  
 Due to Malignant hypertension 4-5 yrs

8. AGE: Years 37 Months 11 Days 1  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace St. Joseph Mo.  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations none  
 Of autopsy none  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

10. Usual occupation Laborer

11. Industry or business Laborer, Packing Co.

12. Name Patrick Robinson

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

14. Maiden name Mary Robinson

15. Birthplace Moberly Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Juanita Robinson  
 (b) Address 1313 N. 4th Street

17. (a) Burial (b) Date thereof March 17, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery  
 18. (a) Signature of funeral director Wm. H. Alexander  
 (b) Address St. Joseph, Mo.  
 19. (a) 3-17-48 (b) E. G. Jenkins  
 (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 Thompson & Gatter (M. D. or other) M.D.  
 Address 731 Fabron St. Date signed 15 March 48

St. Joseph, Mo.

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

MOTHER FATHER

JUL 21 1952

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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..... *Wm. H. Alexander*

Licensed Embalmer No. *4450*

P. O. Address..... *St. Joseph, 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.**