

WRITE PLAINLY—USE 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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 days
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Jessie Robinson

3. (b) If veteran, name war. #1 3. (c) Social Security No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased. 2 - 14 - 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 9 23 hr. min.

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

10. Usual occupation Presser

11. Industry or business.....

12. Name Unknown 9

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

14. Maiden name.....
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mildred Cook
 (b) Address 3888 Delmar

17. (a) burial (b) Date thereof 12-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director G. Wade Granberry
 (b) Address 4202 Finney

19. (a) DEC 10 1948 (b) J. Blazette
(Date received local registrar) (Registrar's signature)

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. 3888 Delmar
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
 year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from
Nov. 18 1948, to Dec. 7 1948
 that I last saw h. im alive on Dec. 7 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder-Urinary
 Duration undet.

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

Major findings:
 Of operations.....
 Of autopsy Yes

PHYSICIAN.....
 Underline the cause to 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?
 While at work..... (Specify type of place) Means of injury.....

23. Signature Delos O. Bimus (M. D. or other).....
 Address 2601 N Whittier St Date signed 12/8/48

6/17/23 11:15/10

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 Melvin E. Green
Licensed Embalmer No. 4428
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.