

REC'D AUG 11 1939 **791**  
Registration District No. **1003**

Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Home G. Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 Days**  
(Specify whether \_\_\_\_\_)  
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. **1817 N Taylor**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** **Robert Washington 25.4**  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security No.** **None**

**4. Sex** **Male** **5. Color or race** **Col.** **6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **Unavailable 1883**  
(Month) (Day) (Year)

**8. AGE:** Years **Abt. 56** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace:** **Unknown** **Virginia**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Unemployed** **9**

**11. Industry or business** \_\_\_\_\_  
**12. Name** **Unavailable** **9**  
**13. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**14. Maiden name** \_\_\_\_\_  
**15. Birthplace** **Unavailable** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** **Birdie Washington**  
(b) Address **1817 N. Taylor Ave.**

**17. (a) Burial** (b) Date thereof **7/17/39**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Washington Park**

**18. (a) Signature of funeral director** **Chas. Yates**  
(b) Address **4107 Finney Ave.**

**19. (a) Jul 14 1939** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **13**  
year **1939** hour **8** minute **20 A.** M.

**21. I hereby certify that I attended the deceased from** **July 3, 1939**  
\_\_\_\_\_, 19\_\_\_\_, to **July 13, 1939**, 19\_\_\_\_;  
that I last saw h. **im.** alive on **July 13, 1939**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Arteriosclerosis (cerebral)** **3-4 yrs**  
**Chronic nephritis** **unknown**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
(e) Means of injury **1**

**23. Signature** **H. J. Lyman** (M. D. or other) \_\_\_\_\_  
Address **2621 N. White** Date signed **7-13-39**

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 5-17-30  
REV. 1-1-38

**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.....

James A. Johnson

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

working under my personal supervision.

Signed

*James A. Johnson*

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

**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, above space should be left blank.**