DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38371 10210

Registration District No. 791 DEC 13 1939

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: 1003

(a) County St. Louis 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 220 South Beaumont
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 1

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 220 So. Beaumont
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Raymond Robinson 152

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased ? (Month) ? (Day) 1877 (Year)

8. AGE: Years Abt 62 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) So. Carolina (State or foreign country)

10. Usual occupation Laborer 1

11. Industry or business

FATHER
12. Name Richard Robinson 1
13. Birthplace (City, town, or county) So. Carolina (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) So. Carolina (State or foreign country)

16. (a) Informant's own signature Lessie Robinson
(b) Address 220 South Beaumont

17. (a) (Burial, cremation, or removal) (b) Date thereof 11-30-39 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Mary Wade Pe[illegible]s
(b) Address 4202 Finney Ave

19. (a) NOV 30 1939 (Date received local registrar) (b) J. E. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24th year 1939 hour 9 O'clock minute P M.

21. I hereby certify that I attended the deceased from Nov. 24th, 1939, to Nov. 24th, 1939; that I last saw him alive on Nov. 24th, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis — Duration several yrs

Due to senility

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. E. T. Taylor (M. D. or other)
Address 3136 Chauteau Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 1 X19511

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 S J Watson

Licensed Embalmer No. 269 A

P. O. Address 2769 Shoreline

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.