

AR 20
S. No. 2
-11-10-39
5-17-39
#1 X21492

940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8214

State File No. _____
Registrar's No. 562

Registration District No. 784 Primary Registration District No. 117

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
111 Summitt Ave
(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
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 111 Summitt Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME ORLANDO EDMUND ROBINSON Jr.

8. (b) If veteran, name war no 8. (c) Social Security No. 489-05-4723

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Pansy Bates Robinson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 28 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 4 20 _____ hr. _____ min.

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Diamond Match Rep.

11. Industry or business Match business

MOTHER FATHER { 12. Name Orlando E. Robinson
13. Birthplace Akron Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Celestia Althea Weeks
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Robinson
(b) Address 111 Summitt Ave

17. (a) burial (b) Date thereof March 22/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director C. R. Lupton & Son
(b) Address 7233 Delmar Ave. St. Louis

19. (a) MAR 20 1941 Orlando E. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1940 hour 12 minute 10PM M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____
Due to 946
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? _____

23. Signature John O. Smith (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature John O. Smith (M. D. or other) _____
Address Coroner of St. Louis County Date 3/20

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

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 _____

Don F. Muehary, Registered Apprentice No. 2119
working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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, above space should be left blank.