

STANDARD CERTIFICATE OF DEATH

State File No. 20025

791

1003

4973

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community One year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Tom Robinson 152

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

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

6. (b) Name of husband or wife Bennie Lee Robinson 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased June 2 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 62 0 1 hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Phillips Robinson

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

14. Maiden name Schalett Ticklen

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

16. (a) Informant Joanna Tucker

(b) Address 2627a Thomas st.

17. (a) Removal (b) Date thereof June 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helena Ark.

18. (a) Signature of funeral director Dement & Son.

(b) Address 2620-31 Wash St.

19. (a) JUN 6 1940 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2817 Howard St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 3
year 1940 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from 5-26- 1940 to 6-3- 1940;
that I last saw him alive on 6-3- 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 8 days

Due to Hypertensive Heart Disease Unknown

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) Means of injury

23. Signature [Signature] (M. D. or other)
Address 2801 N. Whittier Date signed 6-4-1940

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

....., Registered Apprentice No. *L. Boyd*

.....
working under my personal supervision.

Signed

Lonnice Boykin
.....
Licensed Embalmer No. *2976*

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.