

No. 2
-13-40
-17-39
X23139

FEB 25 1941
Registration District No. 1003

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days
(Specify whether
In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME Henry Robison

3. (b) If veteran, name war _____ 3. (c) Retired
No. _____

4. Sex Male 5. Color or race White 6. (a) Single, ~~widowed~~, married, divorced 60

6. (b) Name of husband or wife Ella Rowland Robison 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11-9-1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Foreman C. Hough Lubrication

11. Industry or business Transportation Co.

12. Name Henry Robison

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Ella Robison

(b) Address 4541 L'Abadie Ave

17. (a) Burial (b) Date thereof 1-15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Sullivan Bros

(b) Address 2849 N. Euclid Ave

19. (a) JAN 13 1941 (b) J. T. Bredeh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County NOU
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4541 L'Abadie Ave 9
(If rural, give location)
(e) If foreign born, how long in U. S. A? Life 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12,
year 1941 hour 6:40 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from December 27, 19 40, to January 12, 19 41;
that I last saw him alive on January 12, 19 41;
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Bronchopneumonia 4 days

Due to Hypostasis 1 day

Due to Old Right Hemiplegia 3 weeks
Cerebral Thrombosis 5 yrs
Other conditions Generalized Arteriosclerosis 10 yrs

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy as above
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) (a) Means of injury U

23. Signature Rogell M. Stovall (M. D. or D. O.)
Address 1518 Lafayette Ave. Date signed 1/13/41

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

Albert Mayfield

Licensed Embalmer No. *3077*

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.