

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9418**
Registrar's No. **2828**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 1 year
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. 911 N. Garrison
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Walter Robinson

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3 - 1 - 1914
(Month) (Day) (Year)

8. AGE: Years 27 Months _____ Days 25 If less than one day
hr. _____ min. _____

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

10. Usual occupation labor

11. Industry or business.....

MOTHER FATHER { 12. Name Guy Robinson
13. Birthplace Ark (City, town, or county) (State or foreign country)
14. Maiden name Ada Walker
15. Birthplace Ark (City, town, or county) (State or foreign country)

16. (a) Informant Jonnie Nickelson
(b) Address 2825 Lucas Ave
17. (a) Burial (b) Date thereof 3-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wardell mo

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St
19. (a) MAR 21 1941 (b) J. W. Bredeck
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1941 hour 10:05 minute A. M.

21. I hereby certify that I attended the deceased from March 17, 1941 to March 26, 1941
that I last saw him alive on March 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 1 year

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature Clarence Allen (M. D. or other) _____
Address 2601 N. Whittier St. Date signed _____

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

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2828

2828

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

S. Boykin
my

Registered Apprentice No.

working under my personal supervision.

Signed

Lonnie Boykin
2946

Licensed Embalmer No.

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.