No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

39355

State File No. 8

FILED DEC 1 1941

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2332

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

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1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton ~~Township~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 7 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County

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

(d) Street No. 3027 So. Main (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank Hays Robinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Daisy

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

7. Birth date of deceased October (Month) 28 (Day) 1877 (Year)

8. AGE: Years 64 Months 0 Days 19 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Mid Valley Steel Co.

FATHER
12. Name Samuel Robinson
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dickey
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Hazel Wisdom

(b) Address 2910 Indiana Av. St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Mo.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2300 Lafayette Avenue

19. (a) NOV 18 1941 (Date received local registrar) (b) E. G. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1941 hour 4:30 minute A M.

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

Immediate cause of death Struck by an automobile while a pedestrian on a public highway.

Due to Compound fracture of right tibia; Multiple fractures of

Due to 2d to 6th ribs, bilaterally.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov. 16, 1941 96

(c) Where did injury occur? Page & Kingsland Avs. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? (e) Means of injury

23. Signature Louis H Bopp Coroner (M.D. or other)

Address Kirkwood, Mo. 11/18/41 Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address 231 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.