

FILED MAR 17 1942
Registration District No. 1

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Homer Phillips Hospital
(d) Length of stay: In hospital or institution 3 months 1 day
In this community 13 years

3. (a) PRINT FULL NAME Mattie Robinson

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

4. Sex F 5. Color or race C
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Robinson
6. (c) Age of husband or wife if alive 53 years
Birth date of deceased 8 14 1909

8. AGE: Years 32 Months 5 Days 20

9. Birthplace UNKNOWN Miss.

10. Usual occupation
11. Industry or business
12. Name Pleas. Eddie
13. Birthplace UNKNOWN Miss.
14. Maiden name Mattie Parker
15. Birthplace UNKNOWN Miss.

16. (a) Informant John Robinson
(b) Address 2222 1/2 Franklin

17. (a) (b) Date thereof 2 7 1942
(c) Place: burial or cremation Washington, D.C.

18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Standard St.

19. (a) (b) J. T. Bredes
(c) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 050
(c) City or town St. Louis, 2127
(d) Street No. 2222 1/2 Franklin
(e) Citizen of foreign country? (Yes or No) 29
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3, year 1942 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from October 2, 1941 to February 3, 1942.
That I last saw her alive on February 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Vulva with metastatic Prob. Bronchopneumonia (Terminal)

Due to...
Due to... Anemia

Other conditions: Anemia (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) (c) Means of injury

23. Signature Lewis F. Boddie M. D. or other
Address 2601 W. 11th Date signed 2/3/42

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

MOTHER FATHER

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address. 2649th Delmar Bl

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.