

FILED MAR 17 1942
Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County: Home St. Louis, Mo. Hospital
(b) City or town: _____
(c) Name of hospital or institution: Homer Phillips Hospital
(d) Length of stay: 1 1/2 days.
In this community: _____ years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 21 000
(c) City or town: St. Louis
(d) Street No.: 2023 a Division St.
(e) Citizen of foreign country? 9 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Percy Robinson
(b) If veteran, name war: No
(c) Social Security No.: 492-07-2542

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day Feb,
year 1942, hour 8:00 minute P. M.

4. Sex: Male
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alberta Robinson
6. (c) Age of husband or wife if alive: 31 years
7. Birth date of deceased: June 12th 1884

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.

8. AGE: Years 57 Months 8 Days 27
If less than one day _____ hr. _____ min.

Immediate cause of death: Septicemia following infection of right middle finger following human bite by one Robert Tasker, Col., in the home, about 11:45 o'clock P.M., Jan. 31, 1942.

9. Birthplace: Memphis Tenn.
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation: Liggett & Meyers.

MOTHER FATHER
11. Industry or business: _____
12. Name: George Robinson
13. Birthplace: Memphis Tenn.
14. Maiden name: Unknown
15. Birthplace: Unknown

Major findings: GI Operations
Of autopsy: 193 A 1942
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: Alberta Robinson
(b) Address: 2023 a Division St

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: Jan. 31, 1942

17. (a) Burial (b) Date thereof: 2-13-42
(c) Place: burial or cremation: Washington Park, Centy

(c) Where did injury occur?: St. Louis, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home

18. (a) Signature of funeral director: Ellie Fun, Home
(b) Address: 2829 Stoddard St

(e) Means of injury: 3
23. Signature: James F. Ferguson
Address: 1300 Wash

19. (a) FEB 12, 1942 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

Date signed: 2/20/42

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 L. Bay
....., Registered Apprentice No. my
working under my personal supervision.

Signed

Lommie Bayliss
.....
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.