

FILED JUL 6 1942 791

Registration District No. _____

Primary Registration District No. _____

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

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:
5154 Waterman Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 42 YEARS
years, months or days)

3. (a) PRINT FULL NAME Harry M. Robinson

3. (b) If veteran, name war none
3. (c) Social Security No. none

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

6. (b) Name of husband or wife Gertrude N. ROBINSON
6. (c) Age of husband or wife in years 68

7. Birth date of deceased Oct. 26 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>7</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Mobile Ala /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R. R. Freight Agent

11. Industry or business _____

MOTHER FATHER

12. Name D. B. Robinson

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

14. Maiden name Ella Perkins

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

16. (a) Informant Mrs. H. M. Robinson

(b) Address 5154 Waterman Ave

17. (a) CREMATION (b) Date thereof 6-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director WAGONER UND. Co.

(b) Address 3621 OLIVE ST.

19. (a) JUN 10 1942 (b) J. F. Prodeek
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5154 Waterman Ave
(If rural, give location)
(e) Citizen of foreign country? NO 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 1942 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 15 1937 to June 18 1942
that I last saw him alive on June 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Carbosis of liver Duration 4 mos

Due to _____
Due to _____

Other conditions Arterio-sclerosis
Chronic Interstitial nephritis
Major findings: none used

Of operations _____
Of autopsy no

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) _____
(e) Means of injury _____

23. Signature Joseph Davis (M. D. or other) _____
Address 313 N 7th Date signed 6/19/42

Der Joseph Davis
4615 Ludell
Apt 402.

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 *Neville P. Prohwitter*

Licensed Embalmer No. 3696.....

P. O. Address. 3621 Olive St.....

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.