

FILED DEC 1 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9755

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 7 Days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Glenda Jean Robinson

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 3 42
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 7 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Robinson

13. Birthplace Jackson Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Inez Brent

15. Birthplace Jefferson City Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Father M. Sherard Rhd.
(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof 11-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Ray Adams
(b) Address City Health Dept

19. (a) NOV 23 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 22 9
(If outside city or town limits, write "RURAL")
(d) Street No. 214 S. Beaumont Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10
year 42 hour 4 minute 30 am.

21. I hereby certify that I attended the deceased from 3:18pm
11 - 3 - 42, 1942, to 4:30 am 11-10-42,
that I last saw her alive on 11 - 10 -, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration _____

Due to Unknown

Due to Unknown 159

Other conditions _____
(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) (e) Means of injury _____

23. Signature E. A. Ribon (M. D. or other) 0

Address 2601 N. Whittier St. Date signed 11-23-42

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.