

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4705
Registrar's No. 1597

Registration District No. 318 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Childrens 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KENNETH MONROE ROBINSON

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased March 15 1941 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 11 0 hr. min.

9. Birthplace Bonne Terre MO. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Oran Robinson

13. Birthplace Bonne Terre MO. (City, town, or county) (State or foreign country)

14. Maiden name Edna Pearl Robinson

15. Birthplace Auburn Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Oran Robinson

(b) Address Bonne Terre, Mo.

17. (a) Burial (b) Date thereof 2/17/43 (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) 1943 (Date received local registrar) J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15 year 43 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-11-43 1943 to 2-15-1943 that I last saw him alive on 2-15-1943 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to pneumonia

Due to 10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 W. H. Blatter (M. D. or other)

Address Date signed

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

MOTHER FATHER

Duration

PHYSICIAN

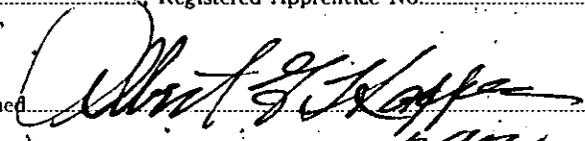
Underline the cause to which death should be charged statistically.

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....


Licensed Embalmer No. 2971.....

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.