S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8731

State File No.

FILED MAR 30 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2642

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis, 9 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4138 Rear Fairfax
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary Robinson

3. (b) If veteran, name war ----

3. (c) Social Security No. none

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife Daniel B.Robinson

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

7. Birth date of deceased May 10th. ~~1876~~ 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Unavailable (City, town, or county) Tennessee / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Peter Tunstell
13. Birthplace Unavailable (City, town, or county) Tennessee / (State or foreign country)

MOTHER
14. Maiden name Martha Unknown
15. Birthplace Unknown (City, town, or county) Tennessee / (State or foreign country)

16. (a) Informant Annie Tunstell
(b) Address 4431 St.Ferdinand Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

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

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16, year 1943 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 5, 1943, to March 16, 1943; that I last saw her alive on March 16, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease	Unknown
Due to	
Due to	
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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature S. E. Smith (M. D. ~~or other~~)

Address 2601 Whittier Date signed 3/19/43

(Licensed Embalmer's Statement on Reverse Side)

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

William C. McDowell, Registered Apprentice No.

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 N. Taylor Ave.

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.