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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 3 1003 Registrar's No. 4101

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

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 G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County 000 12 721

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

(d) Street No. 2710 Locust
(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. 498-10-8955

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife Clarence Robinson

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

7. Birth date of deceased Unk. (Month) Unk. (Day) 1894 (Year)

8. AGE: Years Abt. 49 Months - Days - If less than one day hr. min.

9. Birthplace Hollandale (City, town, or county) Mississippi (State or foreign country) 1

10. Usual occupation Maid

11. Industry or business Private Family

FATHER
12. Name Zack Evans
13. Birthplace Unavailable (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Clara Gibson
15. Birthplace Hollandale (City, town, or county) Miss. (State or foreign country) 1

16. (a) Informant Wyatt Thomas
(b) Address 5986 Cabanne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/1943 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park.

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

19. (a) MAY 3 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28, year 1943 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 26, 1943, to April 28, 1943; that I last saw him alive on April 28, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	Unk.
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 C. Raymond Marx (M. D. or other)

Address 2601 Whittier Date signed 4/30/43

(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. McDowall....., Registered Apprentice No.....,

working under my personal supervision.

Signed. William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 N. Taylor 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.