

JUL 31 1943  
 Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Mo.  
 (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 1 mo. 5 days  
 (Specify whether \_\_\_\_\_)  
 In this community 2 years  
 years, months or days)

3. (a) PRINT FULL NAME Lillie Mae Robertson  
 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 married  
 6. (b) Name of husband or wife L.B. Robertson  
 6. (c) Age of husband or wife at death alive \_\_\_\_\_ years  
 7. Birth date of deceased unknown  
 (Month) (Day) (Year)

8. AGE: Years abt - 32 Months  Days  If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cottonville Miss  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Mack Johnson

13. Birthplace Cottonville Miss  
 (City, town, or county) (State or foreign country)

14. Maiden name Ester Green

15. Birthplace ? Miss  
 (City, town, or county) (State or foreign country)

16. (a) Informant Maggie Mondaine  
 (b) Address 8746 Agnes Brentwood

17. (a) Burial (b) Date thereof 7-23-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Lewis  
 (b) Address 301 E. Grand  
 19. (a) JUL 22 1943 (b) J. F. Lewis  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 020  
 (c) City or town St. Louis 17  
 (If outside city or town limits, write "RURAL") 321  
 (d) Street No. 3232 Lucas Avenue  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17,  
 year 1943 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from June  
12, 1943 to July 17, 1943,  
 that I last saw her alive on July 17, 1943,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis (Far advanced) Unk.  
 Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature J. F. Lewis (M. D. or other) \_\_\_\_\_  
 Address 301 E. Grand Date signed 7/17/43

MAY 22 1950

MAY 24 1950

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

*J. Lewis*

Licensed Embalmer No. *2027*

P. O. Address. *Webster Groves*

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.