V. S. No. 2
50M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27009

State File No.

FILED SEP 11 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7815

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

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: Enroute To Homer 3 Phillips Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: OGN

(a) State Missouri (b) County 1726

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

(d) Street No. 1421a Cass Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Georgia Robinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race 3 Col

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

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

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March (Month) 4th (Day) 1900 (Year)

8. AGE: Years 43 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Tate Co. (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Sam Cooper
13. Birthplace Tate Co. (City, town, or county) Miss. 1 (State or foreign country)

MOTHER
14. Maiden name Melissia Richardson
15. Birthplace Tate Co. (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant James Robinson
(b) Address 1421a Cass Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St

19. (a) AUG 21 1943 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26, year 1943 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
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

23. Signature Alfred Perry (M. D. or other)
Address Clifford Corona Date signed 8/29/43

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1944

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 L Boykin, Registered Apprentice No. MP, working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address 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.