S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5660

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 1781

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 1 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 95
(If outside city or town limits, write "RURAL")

(d) Street No. 1218 Blair
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Aserine Robinson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 5 (Day) 1902 (Year)

8. AGE: Years 41 Months 7 Days 10 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

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

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frank Jones
(b) Address 1214 Blair

17. (a) (Burial, cremation, or removal) (b) Date thereof 2/23-44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director G. L. Adams
(b) Address 2221 FRANKLIN AVE

19. (a) FEB 23 1944 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

84F

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month February day 15, year 1944 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from February 1, 1944 to February 15, 1944; that I last saw her alive on February 15, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Infarcts Multiple	Terminal
Pulmonary Thrombosis	Terminal
Due to Cardiac Hypertrophy	Unk.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

95 c

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 N. Whittier Date signed 2/16/44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed S. [illegible]

Licensed Embalmer No. 2698

P. O. Address 2769 Chante[illegible]

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.