S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9396

State File No.

Primary Registration District No.

Registrar's No. 2409

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (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 4 mos. 4 days (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

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

(d) Street No. 2217 Rear Carr 11
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ben Robinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col 2

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

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

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Mar. (Month) 2 (Day) 1895 (Year)

8. AGE: Years 49 Months 0 Days 5 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Nathe Robinson
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 Roxanna Robinson
(b) Address 2217 rear Carr Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole Street

19. (a) MAR 13 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7, year 1944 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from November 3, 1943 to March 7, 1944 that I last saw him alive on March 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Status Epilepticus	5 days
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 N. J. Erwin (M. D. or other)

Address 2600 Whittier Date signed 3/8/44

(Licensed Embalmer's Statement on Reverse Side)

2409

2409

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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine St

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.