V. S. No. 2
100M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13264

Registration District No. 1818 Primary Registration District No. 1003 Registrar's No. 3944

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: 3513 Lemp Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 00

(c) City or town St. Louis, 1724
(If outside city or town limits, write "RURAL")

(d) Street No. 3513 Lemp Ave. 19
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME GEORGE ROBINSON

3. (b) If veteran, name war No

3. (c) Social Security No. 498-09-3690

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 14th 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	11	hr. min.

9. Birthplace Mason County Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business international Shoe Co.

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

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

16. (a) Informant Minnie Robinson
(b) Address 3513 Lemp Ave.

17. (a) Burial (b) Date thereof Apr. 28, 44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Motor to Wellsville, Mo.

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) APR 27 1944 J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 25th
year 1944 hour 8 minute - P.M.

21. I hereby certify that I attended the deceased from 4/20, 1944 to 4/25, 1944
that I last saw her alive on 4/23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death angina Pectoris

Due to b

Due to 94

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Otto C. Hauser M.D.
(M. D. or other)

Address 3157 Park Ave. Date signed 4/26/44

(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 L.R. Cooper

Licensed Embalmer No. 3633

P. O. Address 230 Lafayette

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.