V. S. No. 2
.00M—2-43
Rev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13265

State File No.

Registration District No. FILED MAY 15 1944

Primary Registration District No. 1003

Registrar's No. 4204

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: 4115 Cozens
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4115 Couzens 9
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Joseph Robinson

3. (b) If veteran, name war

3. (c) Social Security No. 498-10-7546

4. Sex Male 2

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 8 (Month) 23 (Day) 1885 (Year)

8. AGE: Years 58 Months 8 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Unk. ~~Cook~~ 9 (State or foreign country)

10. Usual occupation Cook

11. Industry or business

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

MOTHER
14. Maiden name Maggie Styles
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Sarah Robinson
(b) Address 4115 Couzens

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/6/44 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill

18. (a) Signature of funeral director R.M.C. Green
(b) Address 3517 Lac/ede Ave

19. (a) MAY 8 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MAY 6 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th year 1944 hour 9:30 minute P. 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.

Immediate cause of death Fracture of Skull; Meningitis; when he fell down the ste steps leading into hisback yard from the alley in the rear of 4115 Cozens Avenue, around 6:30 P.M.

Due to April 25, 1944

Duration

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) Accident

(b) Date of occurrence April 25, 1944

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other)

Address Duffy Comm Date signed 5/3/44

(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 R. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Ave

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.