

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **4240 Aldine**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Mon.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4240 Aldine**
(If rural, give location)
(e) Citizen of foreign country? **11** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CALVIN ROBINSON JR.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **0**

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

7. Birth date of deceased **7** **27** **44**
(Month) (Day) (Year)

8. AGE: Years **3** **10** **3** **3**
Months Day If less than one day hr. - min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **CALVIN ROBINSON**

13. Birthplace **Wyersburg Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **MARINE CALLE**

15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **MARINE Robinson**

(b) Address **4240 Aldine**

17. (a) **Burial** (b) Date thereof **10-11-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Chas. E. Underwood**

(b) Address **2834 Gamble**

19. (a) **OCT 11 1944** (b) **J. J. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **Sept** 7 30 AM
year **1944** hour minute

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronch. Pneumonia primary**

Due to **107**

Due to _____
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? _____

While at work? _____ (Specify type of place) _____
(State) (City or town) (County) (State) (Year) (Month) (Day)

23. Signature **W. J. Perry** (M.D. or other) _____
Address **4240 Aldine** Date signed **10/11/44**

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

Handwritten notes, possibly "CHAP"

2110178

AT. 2. 2. 1910

(100)

1910

1910

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 *Chas. L. Howell*

Licensed Embalmer No. *2452*

P. O. Address *2834 Gamble*

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.