

No. 2  
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-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

702  
State File No. \_\_\_\_\_  
Registrar's No. 914

Registration District No. 318 Primary Registration District No. 1003

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:  
residence-5191 Enright Avenue  
(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 Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5191 Enright Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FLORENCE ADELE ROBINSON.  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife William D. Robinson  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 3, 1872.  
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day  
72. 6. 23. hr. \_\_\_\_\_ min.

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

10. Usual occupation retired.

11. Industry or business \_\_\_\_\_  
12. Name William H. Elder  
13. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Adèle Llewellyn  
15. Birthplace Chicot Co. Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alger Robinson  
(b) Address 5191 Enright Ave., St. Louis  
17. (a) burial (b) Date thereof 1-29-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons  
(b) Address 7253 Delmar Bly'd., St. Louis

19. (a) JAN 29 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 26th  
year 1945 hour 12:00 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 20, 1945, to Jan 26, 1945,  
that I last saw her alive on Jan 26, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 24 hrs.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. F. Bredek (M. D. or other) \_\_\_\_\_  
Address 5301 1/2 Castor Date signed 1/27/45

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

MOTHER FATHER

Dr. Pickering  
5301 Easton Avenue  
10-4 P.M.

FO 8850

**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 Clarence A. Murray  
Licensed Embalmer No. 4911  
P. O. Address St. Louis, Mo.

**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.**