

No. 2
M-2-43
5-17-39
X35697

FILED SEP 28 1945

Primary Registration District No. 1003

Registrar's No. 8248

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177
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: St. Lukes Hospital
(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: St. Louis 96

(c) City or town: Normandy 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8656 Moran Pl.
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME: Joseph H. Robinson

3. (b) If veteran, name war.....

3. (c) Social Security No. 491-26-4597

4. Sex: male 0

5. Color or race: white

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

6. (b) Name of husband or wife: Ruth Robinson

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: Mar. 19 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	6	0	hr. min.

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

10. Usual occupation: Paper Salesman

11. Industry or business: Retired

MOTHER FATHER {

12. Name: Joseph H. Robinson

13. Birthplace: Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Perry

15. Birthplace: Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Ruth Robinson

(b) Address: 8656 Moran Pl.

17. (a) Burial (b) Date thereof: 9-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Cem.

18. (a) Signature of funeral director: Drehmann-Harral

(b) Address: 1905 Union Blvd.

19. (a) SEP 22 1945 (b) J. H. Hedrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1945 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug 1 1943 to Sept 19 1945 that I last saw him alive on Sept 18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage (Ruptured) Ulcer of Pyloric

Duration: 4 days 15 hrs

Due to: 117

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: _____

Of autopsy: Yes

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. H. Hedrick (M. D. or other) M.D.
Address: 4903 Dehman Ave. Date signed: Sept 20

1230 to 2

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 Albert B. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.