

FILED MAR 30 1946  
318

Registration District No.

Primary Registration District No.

1003

2442

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
In this community..... 10 years  
years, months or days)

3. (a) PRINT FULL NAME William Robinson

3. (b) If veteran, name war..... none  
3. (c) Social Security No.....

4. Sex Male 2 / 5. Color or race Negro / 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Georgia Robinson / 6. (c) Age of husband or wife if alive..... 40 years

7. Birth date of deceased August 3rd 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 7 5 hr. min.

9. Birthplace Wynn Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business.....

12. Name Spot Robinson

13. Birthplace Wynn Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Nichols

15. Birthplace Wynn Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Robinson

(b) Address 205 Dock st

17. (a) Removal (b) Date thereof 3/13/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wynn Arkansas

18. (a) Signature of funeral director C.W. Roberts

(b) Address 1416 North Taylor ave

19. (a) WAD (b) J.F. Brudick  
(City, town, or county) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 205 E Dock St  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 8  
year 1946 hour 2 minute 5 P M.

21. I hereby certify that I attended the deceased from 2-28- 1946, to 3-8 1946,  
that I last saw him alive on 3-8 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Chronic Glomerulo-Nephritis with Hypertension and Uremia

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy Yes

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? (Specify type of place) (a) Means of injury.....

23. Signature Orion J. Ayer (M. D. or other)  
Address 2601 N Whittier Date signed 3/12/46

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

MOTHER FATHER

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**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 Fulton C. Calkin  
Licensed Embalmer No. 4198 Fountain Hill  
P. O. Address.....

**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.**