

1. PLACE OF DEATH: **318**

(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. Marys Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 705 1/2 N. Cardinal ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIE ROBINSON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
 year 1946 hour 2 minute 9 M.

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Oscar Robinson 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased Aug 7 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-17-46 to 4-23-46
 that I last saw h. alive on 4-23-46
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>8</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death General Peritonitis
From Pelvic abscess
 Due to Infection
No Pregnancy-Cause of Abscess
 Due to unknown

Duration 10 days

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

10. Usual occupation House wife

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

11. Industry or business _____

12. Name Dan Jordan

13. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lawrence

15. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Oscar Robinson
 (b) Address 705 1/2 N. Cardinal ave

17. (a) Burial (b) Date thereof April 23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill.

18. (a) Signature of funeral director F. A. Green
 (b) Address 2910 Franklin ave

19. (a) APR 26 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature D. J. Key (M. D. or other) _____
 Address 426 Chestnut St Date signed 4/25/46

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

14039

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.....

J. A. Green

Licensed Embalmer No. *2963*

P.O. Address. *2915 Franklin 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.