

**FILED** AUG 20 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
Homer G Phillips 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)  
 In this community 40 yrs

**3. (a) PRINT FULL NAME** Ida Robinson  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

4. Sex F 5. Color or race Col  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

**8. AGE:** Years About 53 Months - Days -  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housework

11. Industry or business \_\_\_\_\_  
**MOTHER FATHER**  
 12. Name Martin Hammon  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Bettie Robison  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Warren  
 (b) Address 118 Evans, Aurora, Ill.  
 17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof Aug 9-46  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Hughes  
 (b) Address 2620 Lawton Avenue  
**AUG 9 1946**  
 19. (a) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

**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. 2602 Lawton  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month August day 6  
 year 1946 hour 6 minute 10 A. M.  
 21. I hereby certify that I attended the deceased from August 1, 1946 to August 6, 1946  
 that I last saw her alive on August 6, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with De-  
compensation  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 9/3  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Duration Unk  
**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 0  
 23. Signature L. J. Deman (M. D. or other) 0  
 Address 2601 N Wittier St Date signed 8-7-46

**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 Clark Young  
Licensed Embalmer No. 3371  
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.**