S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 22 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6-076

State File No. 11006

Registrar's No. 686

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2416-Charlack 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 6-Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland (If outside city or town limits, write "RURAL")

(d) Street No. 2416-Charlack Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Robinson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Theresa

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Dec. (Month) 20 (Day) 1871 (Year)

8. AGE: Years 76 Months 2 Days 19 If less than one day hr. min.

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

10. Usual occupation Gardner

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Theresa Robinson

(b) Address 2416-Charlack Ave-Overland-14-Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-48 (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Baumann Bros Inc.

(b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) 3-16-48 (Date received local registrar) (b) Cecila [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1948 hour 11 minute 20 P M.

21. I hereby certify that I attended the deceased from Sept 10, 1947 to March 10, 1948, that I last saw him alive on March 10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditus	3 days
Due to Carcenoma of Liver	4 yrs
Due to 46 f	
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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Dr. J. F. Snyder LOO (M. D. or other)

Address 2573 Woodson Date signed 3-11

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.