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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17976

Registrar's No. 4940

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4343 Olive
(If rural, give location)

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

If yes, name country

600
17
9
0

3. (a) PRINT FULL NAME Lee Robinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 2

5. Color or race col

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years 1882

7. Birth date of deceased June 16 (Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Pete Robinson

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

14. Maiden name Mandy Ellison

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

16. (a) Informant Elizabeth Rhodes

(b) Address 2601 N Whittier

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof MAY 31 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4104 Manchester Ave.

19. (a) MAY 31 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1948 hour 11 minute 25 a M.

21. I hereby certify that I attended the deceased from April 27, 1948 to May 1, 1948 that I last saw him alive on May 1, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Encephalopathy — Duration: Undet

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) None

Major findings:
Of operations

Of autopsy No

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

23. Signature Oscar L Daniels M.D. (M.D. or other)

Address 2601 N Whittier Date signed 5/4/48

(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.....

Licensed Embalmer No.....

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.