

No. 300
10. 48

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14644**
Registrar's No. **3402**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
d. STREET ADDRESS (If rural, give location) **3328 A. Franklin Ave.**

3. NAME OF DECEASED
(Type or Print) a. (First) **George** b. (Middle) **W.** c. (Last) **Robb**

4. DATE OF DEATH (Month) (Day) (Year)
April 7, 1951

5. SEX
Male

6. COLOR OR RACE
Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
March 10, 1890

9. AGE (In years last birthday) **61**
IF UNDER 1 YEAR: Months **0** Days **27** Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Nashville, Tenn

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Dave Robb

13b. MOTHER'S MAIDEN NAME
Matt Garrett

14. NAME OF HUSBAND OR WIFE
Georgia, Robb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
363-12-8985

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Georgia Robb 3328 A, Franklin Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Apoplexy**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertension**
DUE TO (c) **none**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
none

INTERVAL BETWEEN ONSET AND DEATH
8 days

19a. DATE OF OPERATION
none

19b. MAJOR FINDINGS OF OPERATION
none

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
none

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
none

22. I hereby certify that I attended the deceased from **March 31, 19**, to **April 7, 1951**, that I last saw the deceased alive on _____, 19____, and that death occurred at **II:10A am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Travis S. Alexander M.D.

23b. ADDRESS
826 N. Chauncy

23c. DATE SIGNED
4-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
4/12/51

24c. NAME OF CEMETERY OR CREMATORY
Washington Park

24d. LOCATION (City, town, or county) (State)
St. Louis, Co. Mo.

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE
APR 11 1951 J. B. Rasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Wright Funeral Home 3100 Easton Ave.

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Shilliar

Licensed Embalmer No. 4221

P. O. Address 4740² Cypress

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.