

STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1949

State File No.

S. No. 300
V. 10.48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 827

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>ST LOUIS</u>		c. CITY OR TOWN <u>ST LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PRONCED DEAD CITY HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>1803 CHESTNUT</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>ROBINSON</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 20-1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JULY-25-1872</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>W.K.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>NICHOLAS ROBINSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARK UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>W.K.</u>		16. SOCIAL SECURITY NO. <u>W.K.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARGARET KELLY</u> ADDRESS <u>2331 MULLAN PH</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial</u> ANTECEDENT CAUSES <u>Nephritis; Pyelitis</u> DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>1/2/5/2k</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Patrick E Taylor Coroner</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>1-28-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 31-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS, MO</u>	
DATE REC'D BY LOCAL REG. <u>JAN 28 1949</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. Lasater</u> ADDRESS <u>Bulla Kelly - 4386 Lindell</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.

Emb. filed separate

Signed.....

Signed.....
Student Embalmer

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.