

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21590**

**318**

**1003**

Registrar's No. **5566**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) 3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		17 B J	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Enroute to Homer Phillips Hos INSTITUTION				STREET ADDRESS (If rural, give location) 21- 3025 Dickson St			
3. NAME OF DECEASED (Type or Print) a. (First) GILBERT also known as Gilbert Matherson			b. (Middle)		c. (Last) ROBINSON		4. DATE OF DEATH (Month) (Day) (Year) 6 -- 24 1949
5. SEX Male 2	6. COLOR OR RACE Col,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) -- ( )	8. DATE OF BIRTH Sept, 1st, 1935	9. AGE (In years last birthday) 15	10. UNDER 1 YEAR 9.0	11. UNDER 2 YEARS 125	12. UNDER 3 YEARS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School-Boy		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St Louis 0		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME <del>WALTER FORBES</del>		13b. MOTHER'S MAIDEN NAME Lucille Robinson		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ada Curtis 3025 Dickson St.			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extensive Intra-cranial Hemorrhage, Contrib: Fractured Skull left ANTECEDENT CAUSES Temporal Region, suffered when struck by automobile driven by one Willie Morrow, Col., in front of about 3018 Dickson Avenue, about 9:18 P.M., June 24, 1949. ACCIDENT DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) P.M., June 24, 1949. ACCIDENT II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SOURCE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo 170e			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto - G. C. P. 4			
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 10 P.M., from the causes and on the date stated above. 25							
23a. SIGNATURE Joseph M. ... (Degree or title)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6/27/49	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-29-49		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St Louis Co, Mo	
DATE REC'D BY LOCAL REG. JUN 28 1949		REGISTRAR'S SIGNATURE J. B. Fasola		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Fun, Home 2820 Stoddard St		ADDRESS 000	

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.

Signed Lillian E. Culkin

Signed.....  
Student Embalmer

Licensed Embalmer No. 198

P. O. Address 13

**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.