

FILED NOV 10 1949

STANDARD CERTIFICATE OF DEATH

State File No. 35520
9373

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		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 <i>012</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3729 Utah Pl.				d. STREET ADDRESS (If rural, give location) 76- 3729 Utah Pl.					
3. NAME OF DECEASED (Type or Print) John			a. (First) L.		b. (Middle) Robinson		c. (Last)		
4. DATE OF DEATH		(Month) (Day) (Year)		Oct. 29, 1949					
5. SEX Male ()		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ()		8. DATE OF BIRTH June 13, 1873		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Fredericktown, Mo. ()			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John B. Robinson			13b. MOTHER'S MAIDEN NAME Margaret Rice			14. NAME OF HUSBAND OR WIFE			
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. 489-22-2989A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary L. Eyerman, 3729 Utah Pl				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>pelvic Abdominal malignancy</i>						INTERVAL BETWEEN ONSET AND DEATH <i>over 7 mo.</i>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION 19 May 49		19b. MAJOR FINDINGS OF OPERATION <i>Retroperitoneal pelvic malignancy</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Louis		(COUNTY)		(STATE) Mo.	
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? <i>H&W</i>					
22. I hereby certify that I attended the deceased from <i>11 April, 1949</i> , to <i>29 Oct., 1949</i> , that I last saw the deceased alive on <i>28 Oct., 1949</i> , and that death occurred at <i>2:30 P.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE Robert S. Nye, M.D.				(Degree or title)		23b. ADDRESS 3201 Arsenal St		23c. DATE SIGNED 31 Oct. 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 31, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Fredericktown, Mo.			
DATE REC'D BY LOCAL REG. OCT 31 1949		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS 3634 Gravois		

(Licensed Embalmer's Statement on Reverse Side)

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

Delis J. Kripin

Licensed Embalmer No. 3497

P. O. Address 3634 Gravis

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.