

FILED DEC 14 1949

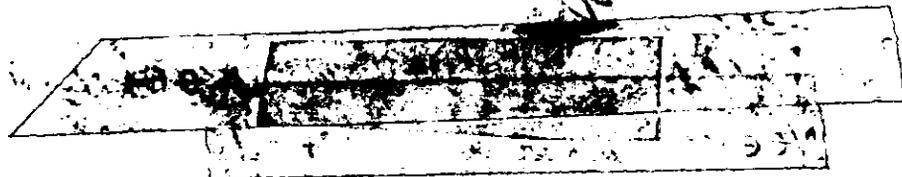
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39228
Registrar's No. 9052

318 1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>4357 Cottage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis 11th</u>		d. STREET ADDRESS (If rural, give location) <u>4357 Cottage Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4357 Cottage 1</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>Mr Fred Washington Robinson</u>			a. (First) <u>Niner Washington Robinson</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>10-17-1949</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>4-10-1900</u>	
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic work print family</u>		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Loe Williams</u>		14. NAME OF HUSBAND OR WIFE <u>James Robinson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-228614</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Washington Cole</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of heart suffered when shot with gun thru the hands of one Lee A. Bledsoe on about 9:49 p.m. Oct 17, 1949 in home of deceased at 4357 Cottage Ave</u>				INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 17 49 9:49 p.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E981X</u>					
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>9:49 p.m.</u> , from the causes and on the date stated above.							
23. SIGNATURE <u>Catrick E. Taylor Cor 1</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>10-21-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo</u>	
DATE REC'D BY LOCAL REG. <u>OCT 21 1949</u>		REGISTRAR'S SIGNATURE <u>J B Fuseler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis E Broom</u> ADDRESS <u>1405 Biddle St</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Leroy U. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Eastern Ave

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.