

FILED MAY 1 1950

STANDARD CERTIFICATE OF DEATH

14934

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3582

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 mo		c. LENGTH OF STAY (in this place) 12 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		7209	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 2833 Madison			
3. NAME OF DECEASED (Type or Print) a. (First) Louis		b. (Middle)		c. (Last) Robinson		4. DATE OF DEATH (Month) (Day) (Year) 4 - 16 - 50	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 12, 1900		9. AGE (In years last birthday) 50	# UNDER 1 YEAR 3	# UNDER 100 HOURS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Ordalie		11. BIRTHPLACE (State or foreign country) Ramsey, Alabama		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Tom Robinson			13b. MOTHER'S MAIDEN NAME Laura Winchester			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. No		17. INFORMANT'S SIGNATURE OR NAME Minor Robinson		ADDRESS 2323 Carr 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease 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. Acute bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Acute b				20. AUTOPSY? YES <input checked="" 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) H/16X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-18, 1949, to 4-16, 1950, that I last saw the deceased alive on 4-16, 1950, and that death occurred at 11:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE F.R. Bradley				23b. ADDRESS Barnes Hosp		23c. DATE SIGNED 4/17/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-22-50		24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) LeMay Mo.	
DATE REC'D BY LOCAL REG. APR 19 1950		REGISTRAR'S SIGNATURE J. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE E. B. France		ADDRESS 1221 N. Grand	

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed Lawrence Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1221 N. ...

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.