

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32237**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2112**

1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rock</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (If in place) <b>80 days</b>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Robert Koch Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>908 N 20th St 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>BEATRICE</b> b. (Middle) <b>-</b> c. (Last) <b>ROBINSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9-3-1950</b>		
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5. SEX <b>Fem<sup>3</sup></b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single (1)</b>	8. DATE OF BIRTH <b>6-27-33</b>	9. AGE (In years last birthday) <b>17</b> IF UNDER 1 YEAR Months <b>8</b> Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>La Grange, TENN</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Joseph Robinson</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA WARD</b>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Records at Robert Koch Hosp.</b>		ADDRESS _____	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr??</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis, Far Advanced</b>		ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>no 2x</b>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>no 2x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from **2-28-1950**, to **9-3-1950**, that I last saw the deceased alive on **9-2-1950**, and that death occurred at **6 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Arnold G. Russell, MD</b> (Degree or title)		23b. ADDRESS <b>Robert Koch Hosp. Rock, Mo</b>		23c. DATE SIGNED <b>9/3/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>9-8-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>9-5-50</b>		REGISTRAR'S SIGNATURE <b>Herbert C. ...</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Gus. Lowe</b>		ADDRESS <b>2930 Dickson St.</b>	
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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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St. Ferdinand

**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.