

FILED OCT 21 1950

## STANDARD CERTIFICATE OF DEATH

State File No. ....

8691

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8691			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis Mo</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		2259			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>28 1412 R Cale St</i>					
3. NAME OF DECEASED a. (First) (Type or Print) <i>John</i>			b. (Middle)			c. (Last) <i>Robinson</i>			
4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 10 1950</i>		5. SEX <i>male</i>		6. COLOR OR RACE <i>col</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>			
8. DATE OF BIRTH <i>Nov 15 - 1877</i>		9. AGE (In years last birthday) <i>72</i>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY <i>9</i>			
13a. FATHER'S NAME <i>Benedy Robinson</i>			13b. MOTHER'S MAIDEN NAME <i>not known</i>			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) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>John Robinson Jr</i>		ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized Arteriosclerosis and Cerebral Arteriosclerosis</i>				ANTECEDENT CAUSES				DUE TO (b) <i>Undetermined</i>	
Morbid conditions, if any, giving 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. <i>Parkinson's Disease</i>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (COUNTY) (STATE)					
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? <i>332X</i>					
22. I hereby certify that I attended the deceased from <i>10-8</i> , 1950, to <i>10-10</i> , 1950, that I last saw the deceased alive on <i>10-10</i> , 1950, and that death occurred at <i>5 a.</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Alvin Thompson</i> (Degree or title) <i>M.-D. 0</i>				23b. ADDRESS <i>2601 N Whittier St.</i>		23c. DATE SIGNED <i>10-10-50</i>			
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <i>Oct-16-1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo</i>			
DATE REC'D BY LOCAL REG. <i>OCT 14 1950</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>a.P. Richards</i> ADDRESS <i>2225 Glasgow</i>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 21 1950

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.....  
Student Embalmer

Signed *A. D. Richardson*.....

Licensed Embalmer No. *2928*.....

P. O. Address *2625 Glasgow*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.