

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10564

State File No. _____
Registrar's No. 2146

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>2146</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2209</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2837 Montgomery</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) _____ c. (Last) <u>Robinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 3 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>4</u>		8. DATE OF BIRTH <u>May 9, 1902</u>	
9. AGE (In years last birthday) <u>48</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Broadway Laundry</u>		11. BIRTHPLACE (State or foreign country) <u>Atlanta, Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundry Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Broadway Laundry</u>		11. BIRTHPLACE (State or foreign country) <u>Atlanta, Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Daniel Young</u>			13b. MOTHER'S MAIDEN NAME <u>Francis Pryor</u>			14. NAME OF HUSBAND OR WIFE <u>Sam 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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Leora Tarvin</u> ADDRESS <u>2837 Montgomery</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast with Metastasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, 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) <u>Undetermined</u> DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>170X</u>			
22. I hereby certify that I attended the deceased from <u>1-5-</u> , 19 <u>51</u> , to <u>3-3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-3</u> , 19 <u>51</u> , and that death occurred at <u>7 a</u> m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Montague Lawrence</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>3-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LeMay, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 6 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Parata</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Kooze</u>		ADDRESS <u>1221 N. Grand</u>	

(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 *A. C. Brown*.....

Licensed Embalmer No. 4755.....

P. O. Address 1221 27 Grand.....

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.