

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 14648
3123

BIRTH NO. _____ REG. DIST. NO. 318 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) c. LENGTH OF STAY (in this place)
St. Louis
c. CITY (If outside corporate limits, write RURAL and give township)
St. Louis 2219

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION
Enroute Homer Phillip
STREET ADDRESS (If rural, give location)
808 N. Cardinal Avenue

3. NAME OF DECEASED a. (First) Floyd b. (Middle) Robinson c. (Last) Robinson
(Type or Print)
4. DATE OF DEATH (Month) (Day) (Year)
3 30 51

5. SEX Male 7 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-26 1918 9. AGE (In years last birthday) 33 0 3 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Coal
11. BIRTHPLACE (State or foreign country) Wilson, Arkansas / 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Robinson 13b. MOTHER'S MAIDEN NAME Eva Patton 14. NAME OF HUSBAND OR WIFE Nellie Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes 16. SOCIAL SECURITY (If yes, give war or dates of service) W.W.#2 408-22-3643 17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Nellie Robinson 808 N. Cardinal

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of chest and left lung, suffered when shot with gun in the hands of one Earl Reddick (col) exact time
INTERVAL BETWEEN ONSET AND DEATH
*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) unknown Mar 30 1951
DUE TO (c) in the vicinity of Compton
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 acid blue Hemorrhage 20. AUTOPSY? YES NO

21a. ACCIDENT SURROUNDINGS (Specify) Homicide 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St. Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 30 51 ? m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? E 951X

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 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Perry Deputy Coroner 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 4/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 4-4-1951 24c. NAME OF CEMETERY OR CREMATORY Durant, Mississippi 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. APR 4 1951 REGISTRAR'S SIGNATURE J. B. Lasater 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS People's Und. Co., 3100 Franklin Av.

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

3

1951 4 APR

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 *H. Claude Gordon*

Licensed Embalmer No. *3485*

P. O. Address *4575 Alden*

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.