

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **14650**

Registrar's No. **3172**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis 2269</b>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <b>1406<sup>a</sup> Madison</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>enroute to City Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <b>Boy</b>	b. (Middle) <b>T</b>	c. (Last) <b>Robinson</b>	(Month) <b>4</b>	(Day) <b>3</b>	(Year) <b>1957</b>

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>2-15-1919</b>	<b>9. AGE</b> (In years last birthday) <b>32</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Boyer Tender</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Class Co</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Cardwell Mo</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Theodore Robinson</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Ann Riddle</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Hattie</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Hattie Robinson</b>	<b>ADDRESS</b> <b>1406<sup>a</sup> Madison</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc.: It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Pulmonary Oedema</b> <b>Neurogenic heart disease</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**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 **12:40 A** m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Patrick L. Raylar, Coroner</b>	<b>23b. ADDRESS</b> <b>1300 Clark</b>	<b>23c. DATE SIGNED</b> <b>4.3.57</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>4-5-57</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St Matthews Cem</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Gravois + Bates ST Louis Mo</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>APR 4 1957</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. H. Foster</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Rowland Mortuary Svc Inc</b>	<b>ADDRESS</b> <b>4404 Manchester</b>
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No. 300  
10.48  
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

*Howard F. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *OT Louis*

**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.