

# STANDARD CERTIFICATE OF DEATH

State File No. **18522****3250**

FILED JUN 15 1951

**318****1003**

Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2149</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5337 Chippewa</b>				4. STREET ADDRESS (If rural, give location) <b>14</b> <b>5337 Chippewa</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Martin</b>		b. (Middle) <b>H.</b>		c. (Last) <b>Robinson</b>	
		4. DATE OF DEATH		(Month) <b>6</b>		(Day) <b>6</b> (Year) <b>51</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 3, 1881</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Little Bevo Res.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George Robinson</b>		13b. MOTHER'S MAIDEN NAME <b>Elise Owens</b>		14. NAME OF HUSBAND OR WIFE <b>Fannie</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>90-26-3993</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fannie Robinson-5337 Chippewa</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><i>Anticoagulant / heart Disease</i></u>				<u><i>1 year</i></u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u><i>Senility</i></u>				<u><i>6 months</i></u>	
		DUE TO (c) _____					
		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 _____				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><i>Hand</i></u>			
22. I hereby certify that I attended the deceased from <u><i>June 16, 1946</i></u> , to <u><i>June 6, 1951</i></u> , that I last saw the deceased alive on <u><i>June 5, 1951</i></u> and that death occurred at <u><i>8:28 a.m.</i></u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u><i>Walter J. Lasater</i></u>				23b. ADDRESS <u><i>4617 W. Ashlin</i></u>		23c. DATE SIGNED <u><i>6/7/51</i></u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/8/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUN 7 1951</b> <u><i>J. B. Lasater</i></u>		25. FUNERAL DIRECTOR'S SIGNATURE <u><i>Wacker - Welden</i></u>		ADDRESS <b>3634 Gravois</b>			

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 \_\_\_\_\_  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Frank J. Ryland Sr.

Licensed Embalmer No. 2675

P. O. Address St. 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.