

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25186

State File No. ....

Registrar's No. 5897

BIRTH NO. 19942-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) ST. LOUIS		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1119 BIDDLE ST.		e. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2259	
f. STREET ADDRESS 1119 BIDDLE ST.		g. (If rural, give location)	
3. NAME OF DECEASED a. (First) ANTHONY b. (Middle) Robinson c. (Last) ROBERTSON		4. DATE OF DEATH (Month) (Day) (Year) 6-30-51	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 3-12-51
9. AGE (In years last birthday) 3		10. IF UNDER 1 YEAR Months 18	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO U
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME CHARLIE ROBINSON		13b. MOTHER'S MAIDEN NAME FANNIE MAE BROWLEY	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME FANNIE MAE ROBINSON		ADDRESS 1119 BIDDLE	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Robinson I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broncho Pneumonia 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		4-9-51	
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 10:25 AM, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7/2/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-3-51	
24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PK. CEM.		24d. LOCATION (City, town, or county) (State) BERKEY MO	
DATE REC'D BY LOCAL REG. JUL 2 1951		REGISTRAR'S SIGNATURE J. B. Foster	
25. FUNERAL DIRECTOR'S SIGNATURE Davis-Broom		ADDRESS 1405 BIDDLE ST	

By Fun. Dir. 8-7-51

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

*Leroy W. Sarnis*

Licensed Embalmer No.

*4523*

P. O. Address

*3880 Eastern Ave*

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.