

FILED NOV 2 1951

STANDARD CERTIFICATE OF DEATH

35548
State File No. 9205
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	c. LENGTH OF STAY (in this place) <u>79</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4351 Maffitt Ave.</u>		f. STREET ADDRESS (If rural, give location) <u>4351 Maffitt</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Robinson</u> c. (Last) <u>Robinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-15-1951</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>3-15-1872</u>	9. AGE (in years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Armstrong Britton</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Robinson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>72</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maud Waters - 4351 Maffitt</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ulcerative Colitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8/15-51</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Renal Insufficiency</u>		10/15-49
	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 type="checkbox"/>
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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)
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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>4/10 X</u>
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22. I hereby certify that I attended the deceased from 10/15, 1951, to 10/15, 1951, that I last saw the deceased alive on 10/15, 1951, and that death occurred at 2 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter G. Blewett M.D.</u>	(District or State)	23b. ADDRESS <u>4324th Guston</u>	23c. DATE SIGNED <u>10/17-51</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D. BY LOCAL HEALTH DEPT. <u>OCT 18 1951</u>	REGISTRAR'S SIGNATURE <u>Earl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Manuel Und. Co. 4059 Finney</u>
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(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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.