

35551

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 23 1951

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 8731

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8731	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN _____		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1306A Franklin Ave</u>				d. STREET ADDRESS (If rural, give location) <u>1306 A Franklin Ave</u>			
3. NAME OF DECEASED (Type or Print), <u>James</u> a. (First)			b. (Middle) <u>A</u>		c. (Last) <u>Robinson</u>		4. DATE OF DEATH Oct 1st 1951 (Month) (Day) (Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 18 1893</u>		9. AGE (in years last birthday) <u>57</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>13</u> IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Dubbs, Tunica Co, Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Robinson</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Tyson</u>		14. NAME OF HUSBAND OR WIFE <u>Vergie Robinson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W. I</u>		16. SOCIAL SECURITY NO. <u>489-22-2379</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vergia Robinson</u> ADDRESS <u>1306a Franklin Ave</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES DUE TO (b) _____ <u>None</u> DUE TO (c) _____ <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> INTERVAL BETWEEN ONSET AND DEATH _____					
19a. DATE OF OPERATION <u>None</u>		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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H48X</u>			
22. I hereby certify that I attended the deceased from <u>9/29</u> , 19 <u>51</u> , to <u>10/1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/1</u> , 1951, and that death occurred at <u>1:30p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>4501a Easton Avenue</u>		23c. DATE SIGNED <u>10/3/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 5 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Brks, Mo</u>	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.H. Randle & Son</u> ADDRESS <u>3133 Bell Avenue</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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 S. J. Watson

Licensed Embalmer No. 269 P

P. O. Address 2769 Charlotte

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.