

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29963

State File No.

FILED SEP 8 - 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

8169

1. PLACE OF DEATH a. COUNTY <u> / </u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2209</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>20 2614 Slattery</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2614 Slattery St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>ROBINSON</u>	
c. (Last) <u>ROBINSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23, 1952</u>	
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>Dec. 4, 1879</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Marion, Alabama</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Freight Handler</u>		12. CITIZEN OF WHAT COUNTRY? <u> </u>	
13a. FATHER'S NAME <u>Dan Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary E. 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 Spanish Amer</u>		16. SOCIAL SECURITY NO. <u>Unk</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary E. Robinson, 2614 Slattery</u>		ADDRESS <u> </u>	
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>Acute myocardial infarct</u> INTERVAL BETWEEN ONSET AND DEATH <u>one minute</u> ANTECEDENT CAUSES DUE TO (b) <u> </u> DUE TO (c) <u> </u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease. don't KN</u>	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>		21d. HOW DID INJURY OCCUR? <u> </u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u> </u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u> </u>	
22. I hereby certify that I attended the deceased from <u>5-8-52</u> , 19 <u>52</u> , to <u>8-23-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-22-52</u> , 19 <u>52</u> , and that death occurred at <u>8:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter H. Green</u>		23b. ADDRESS <u>1506a St. Louis</u>	
23c. DATE SIGNED <u>8-26-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/29/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Booker T. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>E. St. Louis; Ill</u>	
DATE REC'D BY LOCAL REG. <u>AUG 29 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>M. C. Green</u>		ADDRESS <u>3517 Laclede Avenue</u>	

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

Melvin E. Green

Signed.....
Student Embalmer

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo

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.