FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33652

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2516

1. PLACE OF DEATH a. COUNTY: Saint Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Missouri b. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton c. LENGTH OF STAY (in this place): 3 Hrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kinloch 4091
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hosp	d. STREET ADDRESS (If rural, give location): 511 Lyons Street

3. NAME OF DECEASED (Type or Print): a. (First) Lucy b. (Middle) c. (Last) Robinson

4. DATE OF DEATH (Month) (Day) (Year): 9-27-52

5. SEX: F 3

6. COLOR OR RACE: Col

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3 April 1905

9. AGE (In years last birthday): 47 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (City and State or Foreign Country): Indianola, Mississippi

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Mack Farland

13b. MOTHER'S MAIDEN NAME: Carolyn Fisher

14. NAME OF HUSBAND OR WIFE: Everett T. Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Ev rett T. Robinson, Kinloch, Mo ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 48h

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis — 7

DUE TO (c) 451X

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 ☑ NO ☐

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) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 11:24am

22. I hereby certify that I attended the deceased from 9-27, 1952 to 9-27, 1952, that I last saw the deceased alive on 9-27, 1952, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Emil Salman M.D.

23b. ADDRESS: St Louis County Hosp

23c. DATE SIGNED: 9-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4 Oct 52

24c. NAME OF CEMETERY OR CREMATORY: Washington Park

24d. LOCATION (City, town, or county) (State): Berkeley, Mo

DATE REC'D BY LOCAL REG.: 9-30-52

REGISTRAR'S SIGNATURE: Herbert R. Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE: Boyd Bros ADDRESS: Kinloch, Mo.

SW (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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Edward C. Flynn

Licensed Embalmer No. 4444

P. O. Address Saint Louis 13, 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.