

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44000**

No. 300
10-48

FILED JAN 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3325

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		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 township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>11 4430 Aldine</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>HAROLD D. ROBINSON JR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>8.20/1920</u>		9. AGE (In years last birthday) <u>32</u>		10. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	

13a. FATHER'S NAME <u>Harold Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Roberson</u>		14. NAME OF HUSBAND OR WIFE <u>Idelle Robinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W W 11</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harold Robinson, 1120 N. Taylor</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombia</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Subdural hematoma</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>192</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 12, 1952 11:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>	

22. I hereby certify that I attended the deceased from 12-13 - 1952, to 12-27 - 1952, that I last saw the deceased alive on 12-27 - 1952, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Edwin P. Koster M.D.</u>		23b. ADDRESS <u>601 S. Brentwood Clayton, Mo.</u>		23c. DATE SIGNED <u>12-27-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/30/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles J. Gates, 4107 Finney Ave</u>			
DATE REC'D BY LOCAL REG. <u>12-29-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danke MD</u>			

FEB 6 1953

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 

Licensed Embalmer No. 4259

P. O. Address 4107 Finney 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.