

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8190

State File No.

FILED MAR 4- 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 584

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 <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u>	
c. LENGTH OF STAY (In this place) <u>20yrs</u>		d. STREET ADDRESS (If rural, give location) <u>144 Spring Ave., 0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>144 SPRING AVE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2--16--53</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William D</u> b. (Middle) <u>David</u> c. (Last) <u>Robinson</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3--31--1866</u>	
9. AGE (In years last birthday) <u>86</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Sec. Foreman</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash R. R.</u>		11. BIRTHPLACE (State or foreign country) <u>Troy, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm. G. Robinson</u>	
13b. MOTHER'S MAIDEN NAME <u>Permelia Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Bartunek Robinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Anna B. Robinson, Ferguson, Mo</u>		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>332X</u>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>1-2, 1963</u> , to <u>2-16, 1953</u> , that I last saw the deceased alive on <u>2-2, 1953</u> , and that death occurred at <u>12 noon</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>H. H. Weaver M.D.</u> (Degree or title)		23b. ADDRESS _____	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
24b. DATE <u>2-19-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Benton City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Benton City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert R. Tomb-M.D.</u> ADDRESS <u>White Chapel, Ferguson, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-18-53</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	

P. 4 (Licensed Embalmer's Statement on Reverse Side)

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

Ms. 300
10. 49

009
1

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 Elean Province

Licensed Embalmer No. 3403

P. O. Address Jeannings 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.