

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23116

State File No. 5891

FILED JUL 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		e. STREET ADDRESS 19 4374 Maryland		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) Harrison		a. (First)	b. (Middle)	c. (Last) Robinson	4. DATE OF DEATH (Month) (Day) (Year) June 10 1953	
5. SEX Male	2	6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 26, 1887	9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY 4394 Maryland		11. BIRTHPLACE (City and State or Foreign Country) Greenfield, Tenn.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Allen Robinson		13b. MOTHER'S MAIDEN NAME Ella Tillman		14. NAME OF HUSBAND OR WIFE Ethel Robinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 359-10-7710		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Smith 2319-A- Spruce	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undet.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Ulcer, Perforated		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 5401	

22. I hereby certify that I attended the deceased from 6-8, 1953, to 6-10, 1953, that I last saw the deceased alive on 6-10, 1953, and that death occurred at 12:55P m., from the causes and on the date stated above.

23a. SIGNATURE Edw B Williams M. D.		(Degree or title)		23b. ADDRESS 2601 N Whittier		23c. DATE SIGNED 6-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 15, 1953		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. JUN 13 1953		REGISTRAR'S SIGNATURE Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE G.B. Koonce		ADDRESS 1221 N. Grand	
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1492 (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.....
Signature of Student Embalmer

Signed *Christal E. Lewis*.....

Licensed Embalmer No. *487*.....

P. O. Address *1221 N. G*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.