

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37538
9579

State File No. _____
Registrar's No. _____

FILED OCT 23 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Fomer G. Phillips		e. STREET ADDRESS (If rural, give location) 12 793 Bayard 2127				
3. NAME OF DECEASED (Type or Print) a. (First) Dee (MATAW) b. (Middle) Robinson c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Oct. 2 53				
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Separated	8. DATE OF BIRTH July 11 1897	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work unless doing most of working U.S. even if retired) City Employee		10b. KIND OF BUSINESS OR INDUSTRY Richmond Heights		11. BIRTHPLACE (City and State or Foreign Country) Illinois		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Unknown		13b. MOTHER'S MARDEN NAME Emma ?		
14. NAME OF HUSBAND OR WIFE Lula Robinson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-30-1824		
17. INFORMANT'S SIGNATURE OR NAME Mildred Mc Nairy		18. ADDRESS 797 Bayard				
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) External hemorrhage. ANTECEDENT CAUSES Multiple fractures, suffered when struck by auto operated by one Andrew Sampson (col) and intersection of Cara and Page about 1835 pm. Oct 1 1953 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMICIDE Accident		21b. PLACE OR INJURY (e.g., in or about home, farm, in street, on highway, etc.) Street		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Oct 1 53 8:35 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E8124		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 AM., from the causes and on the date stated above. 25						
23a. SIGNATURE Patrick J. Taylor		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10.6.53.		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct 8, 1953		24c. NAME OF CEMETERY OR CREMATORY Jefferson Burial		
24d. LOCATION (City, town, or county) (State) Missouri		25. FUNERAL DIRECTOR'S SIGNATURE G.B. Fausce		ADDRESS 12217 Grand		
DATE REC'D BY LOCAL REG. OCT 6 1953		REGISTRAR'S SIGNATURE C. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE G.B. Fausce		

(Licensed Embalmer's Statement on Reverse Side)

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: *Gupton Swann*.....

Licensed Embalmer No....458

P. O. Address...1221st York

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.