

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32135**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8167**

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. CITY OR TOWN St. Louis,	
c. LENGTH OF STAY (In this place) one week		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4385 Maryland Ave.,		6. STREET ADDRESS (If rural, give location) 1619 Clara Ave., 206 1/2	

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) M c. (Last) ROBINSON.			4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH March 22, 1871		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Methodist Minister		11. BIRTHPLACE (City and State or Foreign Country) Somerset Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Nathaniel Greene Robinson		13b. MOTHER'S MAIDEN NAME Dorcas May		14. NAME OF HUSBAND OR WIFE Nora Kelly 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. 499-26-4834		17. INFORMANT'S SIGNATURE OR NAME ADDRESS S. Carl Robinson, 9437 Talbot Ave., Afton	

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) Cerebral thrombosis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		36 hours	
*This does not mean the mode of dying, such as heart failure, ashenia, 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) Cerebral arteriosclerosis DUE TO (c)		10 yrs -	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332x	
22. I hereby certify that I attended the deceased from January, 1949 , to September, 1954 , that I last saw the deceased alive on 24 August, 1954 , and that death occurred at 8:05 a.m. , from the causes and on the date stated above.					

23a. SIGNATURE (Name or title) Joseph W. Walsh, MD		23b. ADDRESS 607 N Grand		23c. DATE SIGNED 7 Sept 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9-7-54		24c. NAME OF CEMETERY OR CREMATORY Laurell Hill Gardens	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri					

DATE REC'D BY LOCAL REG. SEP 7 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.	
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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..... *Clarence H. Mur*

Licensed Embalmer No. *401*

P. O. Address *St. Louis*

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.