

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32136

State File No.

FILED SEP 21 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8378

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|--|-----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 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) OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G. Phillips Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>222 2823 Bernard</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) c. (Last) <u>Robinson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9 9 54</u> |
| 5. SEX <u>Male</u> | 6. COLOR (OR RACE) <u>Col.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 25, 1899</u> |
| 9. AGE (In years last birthday) <u>55</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer in Laundry</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer in Laundry</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Henry Robinson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mattie</u> | 14. NAME OF HUSBAND OR WIFE <u>Pensacola 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>497-30-0192</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pensacola Robinson 2823 Bernard</u> |
| 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>Carcinoma of Stomach with Extension to Liver and Biliary Duct</u> INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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 | |
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR <u>15DX</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>8-17</u> , 19 <u>54</u> , to <u>9-9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-9</u> , 19 <u>54</u> , and that death occurred at <u>6:30A</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Frank O. Richards M.D.</u> | | 23b. ADDRESS <u>2601 N. Whittier</u> | |
| 23c. DATE SIGNED <u>9-10-54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u> | | 24b. DATE <u>Sept 15 '54</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>5500 Brown Rd - St. Louis, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>SEP 13 1954</u> | | REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. H. Bruce</u> | | ADDRESS <u>4469 Washington</u> | |

m. p. 13. (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 *Frederick P. Stark*

Licensed Embalmer No. *4599*

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.