

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42752**
Registrar's No. **10802**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 town) OR TOWN **St. Louis, Mo.**

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **BARNES HOSPITAL**

STREET ADDRESS (If rural, give location) **6138 Waterman**

3. NAME OF DECEASED a. (First) **Myra** b. (Middle) **L.** c. (Last) **Robinson** 4. DATE OF DEATH (Month) (Day) (Year) **Nov. 25, 1954**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **April 17, 1886**

9. AGE (In years last birthday) - Months Days **68 7 8**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Practical Nurse**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign, Country) **Harrisville, Miss.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **George A. Lazenby**

13b. MOTHER'S MAIDEN NAME **Ella Pierce**

14. NAME OF HUSBAND OR WIFE **Edgar A. Robinson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **489-20-9318**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Loleta Miller, 6138 Waterman**

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, asthenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarction**
ANTECEDENT CAUSES
DUE TO (b) **Arteriosclerotic Heart Disease**
DUE TO (c) _____
Morbid 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.
INTERVAL BETWEEN ONSET AND DEATH **1 wk.**
Many yrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **Nov. 17, 1954**, to **Nov. 25, 1954**, that I last saw the deceased alive on **Nov. 25, 1954**, and that death occurred at **8:07P m.**, from the causes and on the date stated above.

23a. SIGNATURE **C. D. Vermillion, M.D.** (Degree or title) _____

23b. ADDRESS **BARNES HOSPITAL**

23c. DATE SIGNED **11/26/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Nov. 27, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Hiram Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **NOV 27 1954** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Ambruster Mortuary, 6633 Clayton Rd.**

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.....
Fred J. Farmer

Licensed Embalmer No. *#70*

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.