

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42753

State File No. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10751

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10751				
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. 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: Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 1812 Division Street				22190		
3. NAME OF DECEASED (Type or Print) a. (First) Preston			b. (Middle) _____		c. (Last) Robinson		4. DATE OF DEATH (Month) (Day) (Year) 11 22 54			
5. SEX Male 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 6-24-1902		9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Missouri 0			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME James Robinson			13b. MOTHER'S MAIDEN NAME Birdie Smith			14. NAME OF HUSBAND OR WIFE Deceased				
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. ?		17. INFORMANT'S SIGNATURE OR NAME Georgia Henry					ADDRESS 1305 N. 20th Street	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis DUE TO (c) _____ 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 _____						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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 002X						
22. I hereby certify that I attended the deceased from _____, 19 19 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:51 p.m. , from the causes and on the date stated above.										
23a. SIGNATURE <i>Elmer E. Dyer</i> (Degree or title) _____				23b. ADDRESS 1300 Elvira				23c. DATE SIGNED 11/21/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-27-54		24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
DATE REC'D BY LOCAL REG. NOV 26 1954		REGISTRAR'S SIGNATURE <i>J. C. Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc. ADDRESS 2820 Stoddard St.					

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..... *Fulton E. Calk*

Licensed Embalmer No. *498*

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.