

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **10117**  
Registrar's No. **2358**

FILED MAR 31 1955

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. Luke's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5357 Delmar 12 Masonic Home</b>	
3. NAME OF DECEASED a. (First) <b>Edo</b> b. (Middle) c. (Last) <b>ROBINSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 14, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>OCT. 26, 1876</b>
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>BRENNER</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>Roland ROBINSON</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rosalie R. Sanford SACTON, ARIZ.</b>
18. DATE 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.		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gangrene of small intestine</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Strangulated femoral hernia</b>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary arteriosclerosis</b> <b>Carcinoma of sigmoid colon</b>			
19a. DATE OF OPERATION <b>3/12/55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Strangulated small bowel (± gangrene) in femoral hernia</b>		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? <b>5611</b>	
22. I hereby certify that I attended the deceased from <b>3/12</b> , 19 <b>55</b> , to <b>3/14</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>3/14</b> , 19 <b>55</b> and that death occurred at <b>7:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Charles S. Crossen, M.D.</b> (Degree or title)		23b. ADDRESS <b>1531 W. Cutcheon, MO. ST. LOUIS</b>	23c. DATE SIGNED <b>3/15/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>March 16, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mo. Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>
DATE REC'D BY LOCAL REG. <b>MAR 15 1955</b>	REGISTRAR'S SIGNATURE <b>Charles Smith</b>		2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. W. Withers, D. &amp; U. G. 2929 S. Jefferson</b>

-mrs (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

**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 .....  
Student Embalmer

Signed.....

*Harold E. With*

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson

**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 this body is not embalmed, fact should be so stated above.