

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20353

State File No.

FILED JUN 27 1955

5145

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

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 OR TOWN <u>ST. LOUIS, MISSOURI</u>)		c. LENGTH OF STAY (in this place) <u>32 Years</u>	c. CITY OR TOWN <u>ST. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>3147, Evans Avenue</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>KATIE</u>	b. (Middle) <u>(NMI)</u>	c. (Last) <u>ROBINSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>COL.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May II 1896</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>29</u>	IF UNDER 24 Hrs. Hours <u>-</u> Mins. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FryPoint Cohoma County Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Will Guess</u>	13b. MOTHER'S MAIDEN NAME <u>Scholett Galsten</u>	14. NAME OF HUSBAND OR WIFE <u>George Robinson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Robinson</u>	ADDRESS <u>3147, Evans Avenue</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 MOS.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> <u>(primary site left breast)</u>	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (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.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <u>170x</u>
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22. I hereby certify that I attended the deceased from 3-10, 1955, to 6-10, 1955, that I last saw the deceased alive on 6-10, 1955, and that death occurred at 9:55 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. McMillan, M.D.</u> (Degree or title)? <u>M. D.</u>	23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>6-11-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/17/ 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Dioksen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>ST. Louis Missouri</u>
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DATE REC'D BY LOCAL REG. <u>JUN 14 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25 FUNERAL DIRECTOR'S SIGNATURE <u>John J. Houston</u>	ADDRESS <u>2616, North Garrison Ave</u>
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(Licensed Embalmer 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.....
Licensed Embalmer No. 444
P. O. Address 2616 7/...

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.