

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35386

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2391

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>CLAYTON MO.</u>	c. LENGTH OF STAY (If in this place) <u>2 days</u>	c. CITY OR TOWN <u>4091 KINLOCH, MO.</u>	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 <u>County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>5914 WASHINGTON</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Will</u> b. (Middle) _____ c. (Last) <u>Robinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1955</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-1-1897</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Shop Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Greenkill, Miss</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Will. Robinson</u>	
13b. MOTHER'S MAIDEN NAME <u>Parake McNeal</u>		14. NAME OF HUSBAND OR WIFE <u>Dollie Robinson</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If Yes, give number and date of service) <u>489-10-6368</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dollie Robinson 5914 WASH.</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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) <u>157x</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9, 1955, to 10-16, 1955, that I last saw the deceased alive on 10-16, 1955, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph C. Ernst M.D.</u>	23b. ADDRESS <u>6015 Brentwood Clayton, MO</u>	23c. DATE SIGNED <u>10/17-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/21/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>
24d. LOCATION (City, town, or county) <u>St. Louis, Co.</u>		(State) <u>MO</u>

DATE REC'D BY LOCAL REG. <u>10-18-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kinloch, MO</u>
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(Licensed Embalmers' 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 *Jeffrey E. Cooper*.....

Licensed Embalmer No. *4600*

P. O. Address *4648 St. Fard*.....

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.