

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42550

FILED JAN 17 1956

State File No.
11624

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11624	
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 township) 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 2654 Park Ave.				e. STREET ADDRESS (If rural, give location) 22 2654 Park Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) H. c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) 12/31/55				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5/12/1912	
9. AGE (In years last birthday) 43		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restraunt & Tavern		10b. KIND OF BUSINESS OR INDUSTRY Owner		11. BIRTHPLACE (City and State or Foreign Country) Flat River, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jess Robinson		13b. MOTHER'S MAIDEN NAME Ada McClanahan		14. NAME OF HUSBAND OR WIFE Frances Poston Robinson	
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 ADDRESS Frances Robinson 2654 Park Ave.			
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) Chronicosis of the liver with ascites, abdominal. 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. Malnutrition				INTERVAL BETWEEN ONSET AND DEATH 3+ years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 581.0				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 June 1, 1955 , to Dec 31, 1955 , that I last saw the deceased alive on Dec 30, 1955 , and that death occurred at 1:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Harold Freedman MD				23b. ADDRESS 607 No. Grand Blvd		23c. DATE SIGNED 1-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/3/56		24c. NAME OF CEMETERY OR CREMATORY Park Lawn		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL HEALTH OFFICER JAN 3 1956		REGISTRAR'S SIGNATURE Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Schnur 3125 Lafayette Ave.			

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 *Thomas R. Lemrick*

Licensed Embalmer No. *37*

P. O. Address *3125 Lafayette*

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.