

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

**FILED APR 10 1956**

State File No. **11337**

BIRTH NO. **60832-55** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3332**

1. PLACE OF DEATH a. COUNTY <b>City Hospital #1</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>29</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS, MISSOURI</b> township)		c. CITY OR TOWN <b>Saint Louis</b>	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL #1.</b>	
3. NAME OF DECEASED a. (First) <b>ANTHONY</b> b. (Middle) <b>CHRIS</b> c. (Last) <b>ROBINSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 31, 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>No</b>		8. DATE OF BIRTH <b>July 12, 1955</b>	
9. AGE (In years last birthday) <b>8</b>		10. IF UNDER 1 YEAR <b>8</b> Months <b>19</b> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Saint Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>0</b>	
13a. FATHER'S NAME <b>Benjiman Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Vernice Robinson</b>	
13c. NAME OF HUSBAND OR WIFE <b>None</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Vernice Robinson</b>		ADDRESS <b>4806a Washington</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aspiration pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Septicemia (microorgan)</b>	
DUE TO (c) <b>Kaposi's Varicelliform Eruptions (Eryema Herpetiform)</b>		<b>12 days</b>	
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 <b>0960 <del>497X</del></b>	
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) m.		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 <b>3-21</b> , 19 <b>56</b> , to <b>3-31</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>3-31</b> , 19 <b>56</b> , and that death occurred at <b>10:15</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Don B. Blinks, M.D.</b>		23b. ADDRESS <b>1515 LAFAYETTE AVE.</b>	
23c. DATE SIGNED <b>3-4-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>April 3, 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Saint Louis, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith</b>	
DATE REC'D BY LOCAL REG. <b>APR 3 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith</b>		ADDRESS <b>1221 N. Grand</b>	

(Licensed Embalmer's 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 *William Blackman*.....

Licensed Embalmer No. *35*.....

P. O. Address *1221 N.*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (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.