

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19022**
Registrar's No. **1087**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 1087			
1. PLACE OF DEATH a. COUNTY St. Louis,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Clayton,		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN Maryland Hts.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, County, Mo.				e. STREET ADDRESS (If rural, give location) 121 Reading Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Doc			b. (Middle) o.			c. (Last) Robinson			
4. DATE OF DEATH (Month) (Day) (Year) April 26, 1956			5. SEX Male			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Nov. 30, 1890			9. AGE (In years last birthday) 65			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Farming			10b. KIND OF BUSINESS OR INDUSTRY Farmer			11. BIRTHPLACE (City and State or Foreign Country) Patton, Missouri.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Joseph Robinson			13b. MOTHER'S MAIDEN NAME Leona Mungle			
14. NAME OF HUSBAND OR WIFE Effie 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. Nil.			
17. INFORMANT'S SIGNATURE OR NAME Effie Robinson, Maryland Hts. Mo.			17. ADDRESS Patton, Missouri.			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH			
*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) _____			
DUE TO (c) _____			19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input 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) (Min.)			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 4-26, 1956 , to 4-26, 1956 that I last saw the deceased alive on 4-26, 1956 and that death occurred at 9:45 a.m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Joseph C. Ernst M.D.			23b. ADDRESS 601 S. Brentwood Clayton 4-26-56			23c. DATE SIGNED			
24. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE 4-27-56			24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery			
24d. LOCATION (City, town, or county) (State) Patton, Mo.			DATE REC'D BY LOCAL REG. 4-29-56			REGISTRAR'S SIGNATURE Albert R. Dombrowski			
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe			ADDRESS 4700 Washington,						

(License 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.....

J W Binkley

Licensed Embalmer No. 36

P. O. Address St. Louis

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.