

X
S. No. 300
V. No. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1956

State File No. 25229
Registrar's No. 6088

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 25229		Registrar's No. 6088	
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 township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		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 <u>Homer Phillip Hosp</u>				6. STREET ADDRESS (If rural, give location) <u>2717a Marcus</u>		20670			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sylvester</u>		b. (Middle) _____		c. (Last) <u>Robinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 25 1956</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>2/13/1915</u>		9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>presser</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaning</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bonne Terre Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>			
13a. FATHER'S NAME <u>Lathan Robinson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Maul</u>			14. NAME OF HUSBAND OR WIFE <u>XXXXXXXX XXXXXX</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>488 18 1871</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cecelia Powell</u>		ADDRESS <u>2717a Marcus</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete Atelectasis of both lungs; Pleural Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Shock, suffered in collision (auto) about 1005 p.m. June 24th 1956 on Hwy # 6 in Jefferson County. Cause and manner of same could not be determined</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERNAL BETWEEN DEATH AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Open Verdict</u>		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? <u>250</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:47 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Patrick E. Taylor Coroner</u>				23b. ADDRESS <u>1300 Clark</u>				23c. DATE SIGNED <u>6-27-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>29 June 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Park</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis CO. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JUN 27 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Reliable Funeral Sys. 1389 N. Union</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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 *Paul V. Freeman*.....

Licensed Embalmer No. *4686*.....

P. O. Address *4729 Hammel*.....

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.