

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1956

39743
State File No. 10031
Registrar's No.

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|--|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 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 township) OR TOWN 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 type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4324 Maffitt | | | | e. STREET ADDRESS (If rural, give location) 4324 Maffitt Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lucy | | b. (Middle) _____ | | c. (Last) Robinson | | 4. DATE OF DEATH (Month) (Day) (Year) 10 31 56 | |
| 5. SEX Female | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 6-6-1902 | |
| 9. AGE (In years last birthday) 54 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 Hrs. _____ Mins. _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Louis Campbell | |
| 13b. MOTHER'S MAIDEN NAME Phyllis Tuttle | | 14. NAME OF HUSBAND OR WIFE Arnett Robinson | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Arnett Robinson | | ADDRESS 4324 Maffitt | | 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) HYPERTENSIVE HEART DISEASE ANTECEDENT CAUSES Chronic Glomerulonephritis Morbidity 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 (METASTATIC) CARCINOMA Left BREAST ↑ Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 1 year UNKNOWN UNKNOWN | | | |
| 19a. DATE OF OPERATION 3-12-56 | | 19b. MAJOR FINDINGS OF OPERATION CARCINOMA of BREAST | | 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) 592XH | | 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 10/31 , 19 55 , to 10-21 , 19 56 , that I last saw the deceased alive on Oct-31 , 19 56 , and that death occurred at 2:00 A.M. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Chas. P. Forder, M.D. | | 23b. ADDRESS 2746 E. Franklin Ave | | 23c. DATE SIGNED 11-2-56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-5-56 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | |
| DATE REC'D BY LOCAL REG. NOV 3 1956 | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc. | | ADDRESS 2820 Stoddard St. | |

S.P. (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 *Fulton E. Calk*.....

Licensed Embalmer No. *419*.....

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.