

FILED DEC 27 1956

STANDARD CERTIFICATE OF DEATH

State File No.

43767

1003

Registrar's No.

9553

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. 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. FULL NAME OF HOSPITAL OR INSTITUTION 2838 Rear Easton Ave. #21		STREET ADDRESS (If rural, give location) 2838a Rear Easton Avenue			
3. NAME OF DECEASED (Type or Print) Charlie		a. (First)		b. (Middle) Robinsen	
c. (Last) Robinsen		4. DATE OF DEATH (Month) (Day) (Year) 10 16 1956			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Abt 1876		9. AGE (In years last birthday) Abt 80		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) ? Georgia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Emma 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 Emma Robinson		ADDRESS 2838 Rear Easton			
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) Myocardial Heart Disease INTERVAL BETWEEN ONSET AND DEATH 8 Mo ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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 443 X		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 6-25-56 , to 10/16, 1956 , that I last saw the deceased alive on 10/16, 1956 and that death occurred at 11:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE V.P. Payne		(Degree or title) M.D. 3146 a lae lpede.		23b. ADDRESS 10-22-56 GreenWood Cemetery, St Louis County, Mo	
23c. DATE SIGNED 10/29/56		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 10-22-56	
24c. NAME OF CEMETERY OR CREMATORY GreenWood Cemetery, St Louis County, Mo		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG OCT. 19-1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Peoples and Co 3100 Franklin Ave	
		ADDRESS Franklin Ave			

M. J. B.

(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 *W. Claude Gordon*

Licensed Embalmer No. *348*

P. O. Address *4575a*

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.