

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10972

State File No.

2499

BIRTH NO. 26722-57 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 <u>Illinois</u> b. COUNTY <u>St Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY OR TOWN <u>East St Louis</u>	
c. LENGTH OF STAY (in this place) <u>0</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>30 Saint Louis Maternity</u>		e. STREET ADDRESS (If rural, give location) <u>32 4211 Russell</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robinson</u> b. (Middle) <u>Robinson</u> c. (Last) <u>Robinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 10 1957</u>		
5. SEX <u>Male 2</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>-- 0</u>	8. DATE OF BIRTH <u>March 9 1957</u>	9. AGE (In years last birthday) <u>13</u>	IF UNDER 1 YEAR Months <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>--</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>--</u>					

13a. FATHER'S NAME <u>Norman Elbridge Robinson</u>	13b. MOTHER'S MAIDEN NAME <u>Dellar Ree Luster</u>	14. NAME OF HUSBAND OR WIFE <u>--</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>--</u>	16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dellar Luster Robinson</u>	ADDRESS <u>4211 Russell St. St. Louis, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>13 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause unknown</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>776x</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>premature birth 35 weeks</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 9, 1957, to March 10, 1957, that I last saw the deceased alive on March 10, 1957, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Norman K. Muschany M.D.</u>	23b. ADDRESS <u>630 S. Kingshighway Blvd</u>	23c. DATE SIGNED <u>3-11-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/12/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spoker Washington Centreville Township, Ill.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>MAR 13 57</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Hancock</u>	ADDRESS <u>2114 Missouri Ave. S. St. Louis, Ill.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *Ben H. Baldwin*.....

Licensed Embalmer No. *2420*.....

P. O. Address *721 N. 26th*.....

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.