

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10974**  
Registrar's No. **1203**

FILED MAR 18 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place)	
c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>PEOPLES HOSPITAL 2189</b>		e. STREET ADDRESS (If rural, give location) <b>4109 CLAYTON</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>ELLA</b> c. (Last) <b>ROBINSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 / 2 / 57</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. <del>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</del> (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>6/17/06</b>
9. AGE (In years last birthday) <b>50</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FACTORY WORKER</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>MISSISSIPPI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ALEX McCOY</b>		13b. MOTHER'S MAIDEN NAME <b>JANIE MIXON</b>	
14. NAME OF HUSBAND OR WIFE <b>JOHN ROBINSON</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>JOHN ROBINSON 4109 CLAYTON</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension</b>  ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death. <b>447x</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (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 <b>Jan 20</b> , 19 <b>57</b> , to <b>Feb 2</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>Feb 2</b> , 19 <b>57</b> , and that death occurred at <b>7 P.</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Walter A. Young</b>		23b. ADDRESS (Degree or title) <b>2337 Market</b>	
23c. DATE SIGNED <b>2/5/57</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
24b. DATE <b>2/9/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAKDALE CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. L. Jones 1343 N. Garrison Ave.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 6 57</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	

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 *Arthur L. Heilliard*

Licensed Embalmer No. *422*

P. O. Address *5516 map*

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.