

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15206

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3764**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MO** 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  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **2328 BIDDLE ST. APT 806** e. STREET ADDRESS (If rural, give location) **2328 BIDDLE APT 806**

3. NAME OF DECEASED a. (First) **MR. WALTER** b. (Middle) \_\_\_\_\_ c. (Last) **ROBINSON** 4. DATE OF DEATH (Month) (Day) (Year) **4 17 1957**

5. SEX **MALE** 6. COLOR OR RACE **NEGRO** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **2-11-1901** 9. AGE (In years last birthday) **56** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **TRUCK DRIVER** 10b. KIND OF BUSINESS OR INDUSTRY **STOCKER, HOUSMAN** 11. BIRTHPLACE (City and State or Foreign Country) **ST LOUIS MO** 12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **HENRY ROBINSON** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **MRS. LAURENTEEN ROBINSON**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **497-05-5251** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **LAURENTEEN ROBINSON 2328 BIDDLE**

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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocardial Thrombosis**  
ANTECEDENT CAUSES **Congestive Heart Failure**  
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 Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) **5702**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **Joseph M. Jones** Registrar or title) \_\_\_\_\_ 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **4/18/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **4-23-57** 24c. NAME OF CEMETERY OR CREMATORY **GREENWOOD** 24d. LOCATION (City, town, or county) (State) **ST LOUIS CO. MO**

DATE REC'D BY LOCAL REG. **APR 19 1957** REGISTRAR'S SIGNATURE **J. C. Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Bennie Lane 3103 Washington**

WRITE PLAINLY—USING UNEADING 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 *W. Claude Gordon*.....

Licensed Embalmer No. *3489*

P. O. Address *4575 Alder*

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.