

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STANDARD CERTIFICATE OF DEATH

FILED JUL 25 1957

STATE FILE NUMBER **27077**
Registrar's No. **1746**

Registration District No. **317** Primary Registration District No. **500**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
FENDLER

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFF. BARRACKS, MISSOURI.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in 1b 739 DAYS	d. STREET ADDRESS 3120 EASTON (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HOWARD E ROBINSON			4. DATE OF DEATH Month Day Year 7-10-57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-14-88	9. AGE (In years of birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) ST. JOHNS, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME EMERY ROBINSON			14. MOTHER'S MAIDEN NAME VICTORIA FINNEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES. WW I		16. SOCIAL SECURITY NO. 192-01-2431	17. INFORMANT Address VA HOSP. RECORDS. JEFFERSON BKS, MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, MIXED INFECTION.					INTERVAL BETWEEN ONSET AND DEATH 30 HRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) EMPHYSEMA OF LUNG 4 YRS.
DUE TO (c) EMPHYSEMA BULLORIS 4 YRS.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) ARTERIOSCLEROSIS, GENERAL					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) VA		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-1-55 to 7-10-57 and last saw him alive on Death occurred at 12:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Isaac Gertrudeville Jr.			22b. ADDRESS M. D. VAHL, ST. LOUIS, MISSOURI.		22c. DATE SIGNED 7-10-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/12/57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo
24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blv.d		25. DATE RECD. BY LOCAL REG. 7/11/57		26. REGISTRAR'S SIGNATURE Herbert B. Dombard	

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 Homer V. [Signature]
Licensed Embalmer No. 38

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.