

FILED OCT 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **38058**  
Registrar's No. **9701**

Registration District No. **318** Primary Registration District No. **1003**

S. 300  
v. 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		Length of stay in 1b 26 dys.	d. STREET ADDRESS (If outside, give location) 5201 Kingwood Dr.
3. NAME OF DECEASED (Type or print) First Middle Last Jas. Harvey Robinson		4. DATE OF DEATH Month Day Year Oct. 16 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 19, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bulk Plant Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Petroleum	11. BIRTHPLACE (City and state or country) Molino, Mo.
13a. FATHER'S NAME Richard L. Robinson		13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Creed	14. NAME OF HUSBAND OR WIFE Effie M. Robinson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-05-7877	17. INFORMANT Address Mrs. Ruby Gregory, 5201 Kingwood Dr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Hypertension + gen. arteriosclerosis</i> DUE TO (c) <i>931x</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>Uremia and older paralysis from cerebral</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter name of injury in Part I and in item 18.) <i>stroke</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>9/13/57</i> to <i>10/16/57</i> and last saw <sup>him</sup> <sub>her</sub> alive on <i>10/15/57</i> Death occurred at <i>1:30 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W.F. Heun M.D.</i> (Degree or title)		22b. ADDRESS <i>5203 Chippewa</i>	
22c. DATE SIGNED <i>10/16/57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Oct. 18, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	23d. LOCATION (City, town, or country) (State) <i>St. Louis County, Mo.</i>
24. FUNERAL DIRECTOR <i>holmesster Colonial Mortuary</i> <i>6164 Chippewa St., St. Louis, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 17 57</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> <i>m85</i>

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 *Bill C. Brennan* .....

Licensed Embalmer No. *4764* .....

P. O. Address *St. Louis Mo* .....

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.