Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-007729
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2420

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.GRAND,ST.LOUIS, MO. Inside Limits Yes [X] No [ ]	c. CITY OR TOWN ST. LOUIS Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET.ADM. HOSPITAL Length of stay in lb 19 days	d. STREET ADDRESS (If outside, give location) 407 S. JEFFERSON Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First EARTIS	Middle W.	Last ROBINSON	4. DATE OF DEATH Month FEBRUARY Day 25 Year 1958
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH 11/24/28
9. AGE (In years last birthday) 29	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) CLERK	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ELIGIA ROBINSON	13b. MOTHER'S MAIDEN NAME MAMIE HARRISON	14. NAME OF HUSBAND OR WIFE - - - - - - -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) KOREAN	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	UREMIA	19 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CHRONIC PYELONEPHRITIS	19 DAYS
DUE TO (c)	- - - -	-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	- - - - 600.0	19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] NONE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 2/6/58, to 2/25/58 and last saw him alive on 2/25/58
Death occurred at 2:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert N. Denton (Degree or title) M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 2/25/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/3/58 ROBERT N. DENTON, M.D.	23c. NAME OF CEMETERY OR CREMATORY National
23d. LOCATION (City, town, or county) (State) Jefferson Barrakcs, Mo.		
24. FUNERAL DIRECTOR E.B. Koonce	ADDRESS 1221 N. Grand	25. DATE RECD. BY LOCAL REG. FEB 27 '58
26. REGISTRAR'S SIGNATURE Earl Smith MD		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be tested. All diseases in Part I must be causally related.

MAR 12 1958

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 Clarence Crooms

Licensed Embalmer No. 4755

P. O. Address 10-24 Hesso

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.