

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046223

STATE FILE NUMBER

12757

FILED JAN 12 1959 Registration District No. 318 Primary Registration District No. 1000 Registrar's No. 12757

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) 40 OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTE St. Hubert or Little Rock Hosp. Inc.		STREET ADDRESS 3830 Ashland Ave. (If outside give location)	
3. NAME OF DECEASED (Type or print) First James Middle York Last Robinson		4. DATE OF DEATH Month December Day 31, Year 1958	
5. SEX Male 2	6. COLOR OR RACE Col	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 22 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stowman (Pensr)		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (In years last birthday) 46
11. BIRTHPLACE (City and state or country) Memphis Tenn		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME FRANK ROBINSON		14. MOTHER'S MAIDEN NAME EMMA ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No No		16. SOCIAL SECURITY NO. 491-18-0675	
17. INFORMANT Blanch Robinson 3811 1/2 Ashland		Address	
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>Encephalomalacia, Lt.</i> <i>Cerebral Hemorrhage.</i> 331X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Arteriosclerosis, gen. P.; Old Stroke.</i>			INTERVAL BETWEEN ONSET AND DEATH
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.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from December 12, 1958 to December 31, 1958 and last saw him alive on 12/30/58 Death occurred at 6:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Charles Kromet, M.D.</i>		22b. ADDRESS 1755 South Grand Ave.	
		22c. DATE SIGNED 12/31/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 1-4-59	
23c. NAME OF CEMETERY OR CREMATORY Memphis Tenn		23d. LOCATION (City, town, or county) (State) MEMPHIS- TENN.	
24. FUNERAL DIRECTOR Wilson Funeral Home		25. DATE RECD. BY LOCAL REG. JAN 2 '59	
ADDRESS City		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

H.T.

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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.....
Licensed Embalmer No. 269

P. O. Address 2769 Clis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.