

DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038015

FILED VS NOV 12 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 9930**

1. PLACE OF DEATH a. COUNTY None		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY None	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b Life		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If outside, give location) 4530a Evans Avenue	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Lorayne M. ROBINSON			4. DATE OF DEATH Month Day Year October 27, 1959		
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5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/29/21	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Gov't	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Edward M. Jones	13b. MOTHER'S MAIDEN NAME Dora Whitlor	14. NAME OF HUSBAND OR WIFE William Robinson
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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. 500-18-0511	17. INFORMANT Address Wm. Robinson, 4530a Evans
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest		INTERVAL BETWEEN ONSET AND DEATH
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) Suffered while undergoing operation of stomach (stomach) at St. Mary's Infirmary on October 21, 1959		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) operation of stomach (stomach) at St. Mary's Infirmary on October 21, 1959
20c. TIME OF INJURY Hour a.m. p.m. 10:27 a.m.	20d. PLACE OF INJURY (If in or about home, farm, factory, street, office bldg., etc.) St. Louis Mo	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Mo

21. I attended the deceased from **12:55 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated. and last saw her/him alive on _____

22a. SIGNATURE (Degree or title) John J. Moore	22b. ADDRESS 1300 Clark Avenue	22c. DATE SIGNED 10/28/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/31/59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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24. FUNERAL DIRECTOR ADDRESS Cunningham & Moore, 2405 Marcus	25. DATE RECD. BY LOCAL REG. OCT 29 1959	26. REGISTRAR'S SIGNATURE Carl Smith. M.D.
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Original - My family returns DOCUMENT
 BY AFFIDAVIT OF

S.P.

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

John K. Cunningham

Licensed Embalmer No. **4476**

P. O. Address **2405 Marcus**

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.