

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036497

FILED VS. OCT 6 1960

318 Primary Registration District No. 1003

9330 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS (If outside, give location) 5151 Waterman Ave.	

3. NAME OF DECEASED (Type or print) First Middle Last Mary Elizabeth Robinson			4. DATE OF DEATH Month Day Year September 20, 1960		
5. SEX Female	6. COLOR OR RACE White	7. Marital Status Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4/30/1915	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Fulton, Mo.	
13a. FATHER'S NAME Henry Thomas Means		13b. MOTHER'S MAIDEN NAME Bertha May Ross		14. NAME OF HUSBAND OR WIFE Leonard 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. Unknown	17. INFORMANT Address Mrs. Clyde Wren, Fulton, Mo.
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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) Gunshot wound of head		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) 976x	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) Shot suffered in street on September 20th 1960.	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 9:20 p.m. 9-20-60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, rest, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Mo.

21. I attended the deceased from **710 P.** to **her** and last saw **him** alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 9-21-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-23-60	23c. NAME OF CEMETERY OR CREMATORY Hill-Crest Cemetery	23d. LOCATION (City, town, or county) (State) Fulton, Mo.
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24. FUNERAL DIRECTOR ADDRESS Maupin Funeral Home, Fulton, Mo.	25. DATE RECD. BY LOCAL REG. SEP 22 1960	26. REGISTRAR'S SIGNATURE Leon Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton S. H. Remel

Licensed Embalmer No. 428

P. O. Address St. Louis

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