

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-046795**

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

Quoted according to - Evelyn Carter - DOCUMENT

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11311** STATE FILE NUMBER

**FILED DEC 18 1961**

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 **St. Louis** Length of stay in 1b **D.O.A.** c. CITY OR TOWN **St. Louis** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis City Hospital** Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) **4215 Botanical Avenue** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**Robert Wallace Robinson** **December 3 1961**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **12-25-1941** 9. AGE (last birthday) **19** IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Student** 10b. KIND OF BUSINESS OR INDUSTRY **Harris Teacher's College** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Wallace F. Robinson** 13b. MOTHER'S MAIDEN NAME **Norma E. Benish** 14. NAME OF HUSBAND OR WIFE **Never Married**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address **Wallace F. Robinson, 4215 Botanical Ave**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Rupture of Aorta,**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **451x**  
DUE TO (c)

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_. Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Do not print) **Paul Simon** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **12/5/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **12-6-61** 23c. NAME OF CEMETERY OR CREMATORY **Valhalla Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Math Hermann & Son, Inc., 2161 E. Fair Ave** 25. DATE RECD. BY LOCAL REG. **DEC 5 1961** 26. REGISTRAR'S SIGNATURE **Roan Smith, M.D.**

**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

*Welford G Burnley*

Licensed Embalmer No. 4202

P. O. Address St. Louis

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.