

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17642
Registrar's No. 4590

BIRTH NO. _____		REG. DIST. NO. 918		PRIMARY REG. DIST. NO. 1003		State File No. 17642		Registrar's No. 4590					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair 999									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 2 weeks			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital				d. STREET ADDRESS (If rural, give location) 220 North 3rd St.									
3. NAME OF DECEASED (Type or Print) Claibon			a. (First)		b. (Middle)		c. (Last) Robinson		4. DATE OF DEATH May 22, 1949 (Month) (Day) (Year)				
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 15, 1895		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 7	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Terminal R. R.		11. BIRTHPLACE (State or foreign country) Yazoo County, Mississippi			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME Caroline			14. NAME OF HUSBAND OR WIFE Suggie 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. _____		17. INFORMANT'S SIGNATURE OR NAME Susie Robinson				ADDRESS 220 N. 3rd				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 85 2									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334 X									
22. I hereby certify that I attended the deceased from May 6, 1949, to May 22, 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 2:10 P.M., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Halvard G. Davidson, M.D.				23b. ADDRESS Mo. Pac. Hosp 2 St. Louis, Mo.				23c. DATE SIGNED 5-22-49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-24-49		24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois							
DATE REC'D BY LOCAL REG. MAY 24 1949		REGISTRAR'S SIGNATURE J. B. Sasser			25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nosh			ADDRESS 3847 Page					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 286

working under my personal supervision.

Signed *Clarence Adams*
Student Embalmer

Signed *C. J. Nash*

Licensed Embalmer No. 2432

P. O. Address 3847 Bays

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 this body is not embalmed, fact should be so stated above.