

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39223  
9856

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY 605	
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 16	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2703 Lucas Avenue /		d. STREET ADDRESS (If rural, give location) 21- 2703 Lucas Avenue 0	
3. NAME OF DECEASED a. (First) Della b. (Middle) Robinson c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1949
5. SEX Female 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 1	8. DATE OF BIRTH Aug. 10, 1882
9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR 3	11. IF UNDER 15 HRS. Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Louisiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Jackson Clark		13b. MOTHER'S MAIDEN NAME Julia Clark	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS X. <i>Robert M. Heath</i> 841 Double Horizon Williams	
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, asthenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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		MEDICAL CERTIFICATION	
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) 930			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Hit by X			
22. I hereby certify that I attended the deceased from 11-5, 1949 to 11-10, 1949, that I last saw the deceased alive on 11-5, 1949 and that death occurred at 2:15 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert M. Heath, M.D.		23b. ADDRESS 3007 Easton, Ave	
23c. DATE SIGNED 11/15/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 17, 1949	
24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, County	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 15 1949 J. B. Sarsater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. Krouse 1221 N. Grand	

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

86.5234

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 .....  
Student Embalmer

Signed Clarence Craemo

Licensed Embalmer No. 4755

P. O. Address.....

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.