

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

RULED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

1003

State File No. 42752

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 10659

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>2219</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	c. LENGTH OF STAY (In this place) <u>7 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis O'Fallon St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2020 a O'Fallon St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u> b. (Middle) <u>Thorn</u> c. (Last) <u>Robinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 7, 1900</u>		9. AGE (In years last birthday) <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>nil</u>	11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>nil</u>

13a. FATHER'S NAME <u>Herbert Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Sophie White</u>		14. NAME OF HUSBAND OR WIFE <u>Clayde Hopkins</u>	
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. <u>nil</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clayde Hopkins</u>		
				ADDRESS <u>6711 So Broadway</u>	

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		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>11:20</u>	

22. I hereby certify that I attended the deceased from 12-11, 19 50, to 12-12, 19 50, that I last saw the deceased alive on 12-12, 19 50, and that death occurred at 11:35pm., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Thompson</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>12-13-50</u>	
---	--	---	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-15-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memphis Tenn</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis Tenn</u>	
---	--	--------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>DEC 14 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Casata</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Watson</u>		ADDRESS <u>469 Chouteau</u>	
--	--	--	--	--	--	--------------------------------	--

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

S. J. Stator

Signed.....
Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2769 Charlotte*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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