

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Macoupin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bird Township</u> <span style="float:right">81 20</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED a. (First) <u>ARTHUR</u>		b. (Middle) <u>Victor</u>	
c. (Last) <u>ROBINSON</u>		4. DATE OF DEATH (Month) <u>12</u> (Day) <u>12</u> (Year) <u>50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 2, 1888</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	
11. BIRTHPLACE (State or foreign country) <u>England</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Gibson</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel Robinson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Robinson, Bird Twp., Ill.</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Calacific Aortic Stenosis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Myeloid Leukemia</u>  DUE TO (c)  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>20 ft. fall</u>		22. I hereby certify that I attended the deceased from <u>11-28</u> , <u>1950</u> , to <u>12-12</u> , <u>1950</u> , that I last saw the deceased alive on <u>12-12</u> , <u>1950</u> , and that death occurred at <u>10:40a</u> m., from the causes and on the date stated above.	
23. SIGNATURE <u>John B. Shoylaigh</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Barnes Hospital</u>	
23c. DATE SIGNED <u>12-12-50</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
24b. DATE <u>12-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mayfield Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Carlinville, Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	
25. ADDRESS <u>4700 Washingt on</u>		DATE REC'D BY LOCAL REG. <u>DEC 13 1950</u>	
REGISTRAR'S SIGNATURE <u>J. B. Baseler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</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.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3653

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.