

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14647

State File No. 4056
Registrar's No.

FILED MAY 12 1951

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 4056		Registrar's No. _____			
1. PLACE OF DEATH a. CITY b. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri			c. LENGTH OF STAY (in this place) 9 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2259			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1000 N. 18th. St.					d. STREET ADDRESS (If rural, give location) 1000 N. 18th. St.						
3. NAME OF DECEASED (Type or Print) Ella			a. (First)		b. (Middle)		c. (Last) Robinson				
4. DATE OF DEATH (Month) (Day) (Year) April 26, 1951		5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Feb. 3, 1905			
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Eaglemills, Ark. /		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Nolden Freeman			13b. MOTHER'S MAIDEN NAME Margaret Hunter			14. NAME OF HUSBAND OR WIFE Mr. Lee Robinson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lee Robinson		ADDRESS 1000 N. 18th. St.					
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) Malignant Nephrosclerosis - Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension DUE TO (c) Hypertensive Cardio-renal ds. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Approx 2 Mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None						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) m.					
21e. INJURY OCCURRED WHOLE AT <input type="checkbox"/> NOT WHOLE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 44 2X									
22. I hereby certify that I attended the deceased from on 4/26, 1951, to 4/26, 1951, that I last saw the deceased alive on 4/26, 1951, and that death occurred at 9:25 p.m., from the causes and on the date stated above.											
23a. SIGNATURE Henry C. Dugas, M.D.				23b. ADDRESS 2221 Locust St.			23c. DATE SIGNED 4/30/51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 1, 1951		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) St. Louis		(State) Mo.			
DATE REC'D BY LOCAL REG. APR 30 1951		REGISTRAR'S SIGNATURE J. B. Laster			25. FUNERAL DIRECTOR'S SIGNATURE C. T. Nash 3847 Page						

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

C. J. Nash

Signed.....
Student Embalmer

Licensed Embalmer No. *2438*

P. O. Address: *3847 Page*

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.