

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3252

FILED FEB 2 1952

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State File No. 551
Registrar's No. 0551

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			STREET ADDRESS (If rural, give location) 1719 Gratiot		
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)	
George		Robertson		Robinson	
4. DATE OF DEATH		(Month)		(Day) (Year)	
Jan. 16		1952			
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
Male		Colored		Widowed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Laborer				June 15, 1880	
9. AGE (In years last birthday)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
71		Kentucky		USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
Jim Robinson		Mary Powell		None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
No				Georgia C. Myles 4206 E. N. Market St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis			21 days
		ANTECEDENT CAUSES			Undet.
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) Arteriosclerotic Heart Disease			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			None
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
				H200	
22. I hereby certify that I attended the deceased from 12-26, 1951, to 1-16-52, 1952, that I last saw the deceased alive on 1-16, 1952, and that death occurred at 6:45 p. m., from the causes and on the date stated above.					
23a. SIGNATURE			23b. ADDRESS		23c. DATE SIGNED
Laruss W Harris M. D.			2601 N Whittier St		1-17-52
24a. BURIAL CREMATION, REMOVAL		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)
Removal		1/20/52	Paducah, Kentucky		Paducah, Kentucky
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	
JAN 18 1952		[Signature]		Wright Funeral Home 3100 Easton Ave.	

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.....
Student Embalmer

Signed Arthur L Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.