

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10952

State File No. \_\_\_\_\_

RECEIVED MAR 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 407 PRIMARY REG. DIST. NO. 2063 Registrar's No. 380

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence, before admission.) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Berkeley</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>5922 Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis County</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nelson</u>	b. (Middle) <u>William</u>	c. (Last) <u>Robinson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>13 JAN 1900</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	11. BIRTHPLACE (State or foreign country) <u>Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Nelson Robinson</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Nancy Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Robinson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-264954</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Robinson</u> ADDRESS <u>Berkeley, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes</u>		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>7955</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert H. Donike</u> (Degree or title) <u>8</u> Commissioner of Health	23b. ADDRESS <u>651 South Brentwood-Clayton, Mo</u>	23c. DATE SIGNED <u>2/15/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/16/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>Berkeley Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-12-52</u>	REGISTRAR'S SIGNATURE <u>Herbert H. Donike</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bero</u> ADDRESS <u>Amurrah, Mo</u>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Edward A. Flynn*

Licensed Embalmer No. 4444

P. O. Address 4548 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.