U.S. No. 300
REV. 10.48

FILED APR 21 1952

STANDARD CERTIFICATE OF DEATH

State File No. 15581

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 23

0502

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

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Festus
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2239
d. STREET ADDRESS (If rural, give location) 2620 De Kalb

3. NAME OF DECEASED (Type or Print) a. (First) Elmo b. (Middle) Frederick c. (Last) Robinson

4. DATE OF DEATH (Month) (Day) (Year) Mar 29-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 29-1904
9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months 1 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) 9
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Thomas Robinson
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Josephine Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME Frederick Robinson ADDRESS 3609 N 22nd St Louis Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart Failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Information by Dr Thomas Dobbins + Dr G L Meehan

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Mar. 31. 1952

22. *I hereby certify that I attended the deceased from* held an Investigation, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 2:10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Jas J Long 3 Coroner (Degree or title)
23b. ADDRESS Desoto Mo RFD #1
23c. DATE SIGNED 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 3 1952
24c. NAME OF CEMETERY OR CREMATORY Park Lawn
24d. LOCATION (City, town, or county) St Louis Co. (State) Mo.

DATE REC'D BY LOCAL REG. April 2, 1952
REGISTRAR'S SIGNATURE Gentry R. Rolette
25. FUNERAL DIRECTOR'S SIGNATURE Vinyard Funeral Home ADDRESS Festus Mo

444-1

(Licensed Embalmer's Statement on Reverse Side)

AUG 6 1952

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED APR 14 1952

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 James J Commerford

Licensed Embalmer No. 4744

P. O. Address Crystal City, Mo.

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.