S. No. 300
v. 10.48

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FILED MAY 19 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

18452

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4324

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS MO
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) Homer G Phillips Hospital

**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 2119
d. STREET ADDRESS (If rural, give location) 1221 N. WHITTIER

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

**4. DATE OF DEATH** (Month) (Day) (Year) May 5 1952

**5. SEX** Female
**6. COLOR OR RACE** Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married
**8. DATE OF BIRTH** April 25, 1885
**9. AGE** (In years last birthday) 67
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife
**10b. KIND OF BUSINESS OR INDUSTRY** Housewife
**11. BIRTHPLACE** (City and State or Foreign Country) Aberdeen Miss - 1
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Unkn
**13b. MOTHER'S MAIDEN NAME** Unkn
**14. NAME OF HUSBAND OR WIFE** Thomas Robinson

**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.** None
**17. INFORMANT'S SIGNATURE OR NAME** Thomas Robinson
ADDRESS 1221 N. Whittier

**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) Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Congestive Heart Failure — "
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** 443X
**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?**

22. *I hereby certify that I attended the deceased from* 4-26, *19* 52, *to* 5-5, *19* 52, *that I last saw the deceased alive on* 5-5, *19* 52 *and that death occurred at* 1:15 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Harrison W Harrison M.D. (Degree or title)
**23b. ADDRESS** 2601 N Whittier St
**23c. DATE SIGNED** 5-6-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** 5-10-52
**24c. NAME OF CEMETERY OR CREMATORY** Washington Park
**24d. LOCATION** (City, town, or county) St Louis Mo (State)

DATE REC'D BY LOCAL REG. MAY 9 1952
REGISTRAR'S SIGNATURE J Carl Smith
**25. FUNERAL DIRECTOR'S SIGNATURE** Gordon L Gardner & Allen
ADDRESS 4368 Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

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 Theodore T Yandell

Licensed Embalmer No. 4343

P. O. Address 130 Eldridge C

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.