.S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29962

State File No. .....

FILED SEP 8 - 1952

BIRTH NO. ..... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8053

1. PLACE OF DEATH
a. COUNTY: 1
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): 2204 Market Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE:
b. COUNTY: 2229
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis, Mo.
d. STREET ADDRESS (If rural, give location): 22 2204 Market Street

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

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25 1952

5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 9
8. DATE OF BIRTH: Not Known 1897
9. AGE (In years last birthday): 55
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Not Known
11. BIRTHPLACE (State or foreign country): Memphis, Tenn. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs Southley
ADDRESS: 2204 Market 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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?: 490X

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 6:38 A m., from the causes and on the date stated above.*

23a. SIGNATURE: Patrick E. Taylor (Degree or title): Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 8/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-25-1952
24c. NAME OF CEMETERY OR CREMATORY: Memphis, Tenn.
24d. LOCATION (City, town, or county) (State): Memphis, Tenn

DATE REC'D BY LOCAL REG.: AUG 25 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: A. L. Beal Und. Co.
ADDRESS: 4303 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 1 8 1956

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 Leroy U. Bannister

Signed.....
Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 3880 Easton

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.