

FILED DEC 24 1952

## STANDARD CERTIFICATE OF DEATH

State File No. 43771

11290

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2089	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				d. STREET ADDRESS (If rural, give location) 1233 Orchid Avenue			
3. NAME OF DECEASED (Type or Print)		a. (First) Henry		b. (Middle) H.		c. (Last) ROBINSON	
4. DATE OF DEATH Dec. 7, 1952		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH March 13, 1867		9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motorman retired		11. BIRTHPLACE (State or foreign country) Louisville, Ky.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Robinson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred Lynch 1233 Orchid			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute pulmonary edema  ANTECEDENT CAUSES Arteriosclerotic heart disease DUE TO (b) arteriosclerotic heart disease  DUE TO (c) Coronary artery sclerosis acute cholecystitis with post-operative wound disruption and pancreatitis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 hours  6 months  ? months  6 hours	
19a. DATE OF OPERATION 12/3/52		19b. MAJOR FINDINGS OF OPERATION acute cholecystitis and cholelithiasis; congestion of gall bladder				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? 4200					
22. I hereby certify that I attended the deceased from <u>Nov 12</u> , 19 <u>52</u> , to <u>Dec. 7</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Dec 6</u> , 19 <u>52</u> , and that death occurred at <u>7 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph Edwards M.D. (Degree or title)				23b. ADDRESS 3728 Washington St. St. Louis		23c. DATE SIGNED 12/8/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 10 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. DEC 8 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D. mjb		25. FUNERAL DIRECTOR'S SIGNATURE 4746 Brosschwig and Son		ADDRESS W Florissant	

(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 Me

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed W W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 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.