

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6724

State File No. ....  
Registrar's No. **1502**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b><br>b. COUNTY <b>2129</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>ST. LOUIS, MISSOURI</b>   |  | c. CITY OR TOWN <b>ST. LOUIS</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place)<br><b>18 DAYS</b>  |  | e. STREET ADDRESS (If rural, give location)<br><b>12 20 North Kingshighway</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>ST. LOUIS CITY HOSPITAL</b>  |  | 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>MARY</b><br>b. (Middle) <b>M.</b><br>c. (Last) <b>ROBBINS</b>  |   |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><b>FEBRUARY 15, 1954</b>  |  | 5. SEX <b>Female</b>  |   |
| 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>  |   |
| 8. DATE OF BIRTH<br><b>Dec. 25, 1887</b>   |  | 9. AGE (In years last birthday) <b>66</b>   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Companion</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>PRIVATE HOME</b>  |   |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Tennessee</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>Charles Morris</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Frances Haywood</b>   |   |
| 13c. NAME OF HUSBAND OR WIFE<br><b>Louis H. Robbins - deceased</b>   |  | 14. NAME OF HUSBAND OR WIFE   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |  | 16. SOCIAL SECURITY NO.<br><b>496-38-3802</b>   |   |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Hospital Record</b>  |  | ADDRESS<br><b>1515 LAFAYETTE AVE</b>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Arterio sclerosis</b><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 21a. ACCIDENT (Specify)<br>SUICIDE<br>HOMICIDE  |   |
| 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?<br><b>332X</b>  |  | 22. I hereby certify that I attended the deceased from <b>1-28-54</b> , 19___, to <b>2-15-54</b> , 19___, that I last saw the deceased alive on <b>2-15-54</b> , 19___, and that death occurred at <b>9:15P</b> m., from the causes and on the date stated above.   |   |
| 23a. SIGNATURE<br><b>Richard T. James MD</b>   |  | 23b. ADDRESS<br><b>1515 Lafayette Avenue</b>  |   |
| 23c. DATE SIGNED<br><b>2-16-54</b>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |   |
| 24b. DATE<br><b>FEB 15 54</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>CALVARY</b>  |   |
| 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis MO.</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Orville Kelly</b>  |   |
| 25. ADDRESS<br><b>4356 LINDEN</b>  |  | DATE REC'D BY LOCAL REG.<br><b>FEB 16 1954</b>  |   |
| REGISTRAR'S SIGNATURE<br><b>J. Carl Smith MD</b>   |  | 26. LICENSED EMBELLER'S STATEMENT ON REVERSE SIDE   |   |

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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.....  
Signature of Student Embalmer

Signed *James A. Lamm*.....

Licensed Embalmer No. *411*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.