

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6727**
Registrar's No. **1040**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2119	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3875 Windsor		e. STREET ADDRESS (If rural, give location) 11 3875 Windsor	

3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) Robinson c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1954					
5. SEX M 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 8, 1923	9. AGE (In years) (last birthday) 30	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 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 Winker Terra Cotta	11. BIRTHPLACE (City and State or Foreign Country) Macon, Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Johnny Robinson	13b. MOTHER'S MAIDEN NAME Nancy Williams	14. NAME OF HUSBAND OR WIFE Susie B. Robinson
--	--	---

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. 496 34 5077	17. INFORMANT'S SIGNATURE OR NAME Eris Robinson, 3643 Windsor	ADDRESS
---	---	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hemorrhage caused by stab wound of right ventricle	
ANTECEDENT CAUSES	Morbidity conditions, if any, giving rise to the above cause (a) state the underlying cause last.		
	supported by affluention in house 3875 Windsor Place, about 5:00 pm Jan 29, between deceased and wife Ruth Cox (col)		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death		
	could not be determined		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Open verdict	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	---

21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Open verdict	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E919.0
--	--	---

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 5:02 p.m., from the causes and on the date stated above.: 19

23a. SIGNATURE Patrick C. Taylor, Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2. 2 54.
---	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Feb. 5, 1954	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Macon, Mississippi
---	----------------------------------	------------------------------------	--

DATE REC'D BY LOCAL REG. FEB 2 1954	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE EP Rouse	ADDRESS 1221 N.G. and
---	--	---	---------------------------------

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.....
Signature of Student Embalmer

Signed *Gayton Swan*
Licensed Embalmer No. *458*
P. O. Address *1221 N. W. 1st St.*

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.