

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25151
6721

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 MO b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township)
St. Louis

c. CITY OR TOWN
St. Louis

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION
A.O.A. Homes Phillips

e. STREET ADDRESS (If rural, give location)
4039 Delmar 2199

3. NAME OF DECEASED
a. (First) Clarence
(Type or Print)

b. (Middle) _____ c. (Last) ROBINSON

4. DATE OF DEATH
(Month) (Day) (Year)
July 17 1954

5. SEX
Male

6. COLOR OR RACE
Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
18 Dec 1900

9. AGE (In years last birthday) 53
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
hobo

10b. KIND OF BUSINESS OR INDUSTRY
Infantry

11. BIRTHPLACE (City and State or Foreign Country)
Texas

12. CITIZEN OF WHAT COUNTRY?
US

13a. FATHER'S NAME
Larrison Robinson

13b. MOTHER'S MAIDEN NAME
Josie Walker

14. NAME OF HUSBAND OR WIFE
Mattie 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.
no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mattie Robinson 4039 Delmar

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) Hypertensive Cardiovascular disease
ANTECEDENT CAUSES (b) Pulmonary Edema
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY
YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)
443X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:27 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Patricia Taylor Casauer

23b. ADDRESS
1300 Clark

23c. DATE SIGNED
7.21.54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
24 July 54

24c. NAME OF CEMETERY OR CREMATORY
St. Peter's cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis County Mo

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
JUL 21 1954
C. Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Reliable Funeral Svs, 1221 W Taylor

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 *Paul V. Freeman*

Licensed Embalmer No. *4688*

P. O. Address *4729 Hamlin*

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.