

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6456

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1595**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>			b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>			STREET ADDRESS (If rural, give location) <b>4323 Enright</b>						
3. NAME OF DECEASED (Type or Print) <b>Georgia</b>			a. (First)		b. (Middle)		c. (Last) <b>Robinson</b>		
4. DATE OF DEATH <b>2 14 55</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Unknown ab. 67</b>		9. AGE (in years last birthday) (Specify) <b>67</b>		
5. SEX <b>Female</b>			6. COLOR OR RACE <b>Negro</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nil</b>		10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>						
13a. FATHER'S NAME <b>unknown</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Hester Cash</b>			ADDRESS <b>1703 Bacon St.</b>	
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) <b>Generalized Arteriosclerosis</b> <b>Chronic Glomerulonephritis</b> <b>Cerebral Thrombosis</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Rt. Lower Lobe Pneumonia</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Rt. Adrenal Periglandular Hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>592X</b>				
22. I hereby certify that I attended the deceased from <b>1-13 1955</b> , to <b>2-14 1955</b> , that I last saw the deceased alive on <b>2-14 1955</b> , and that death occurred at <b>3:45 A.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Edw. B. Williams M.D.</b>			23b. ADDRESS <b>2601 N. Whittier</b>			23c. DATE SIGNED <b>2-15-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-19-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>FEB 19 1955</b>			REGISTRAR'S SIGNATURE <b>J. Earl Smith Md</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Russell Und., Co. 2732 Pine Blvd.</b>			

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.....

Licensed Embalmer No. 468

P. O. Address.....

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.