o.300
o.48

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

FILED JUN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16946
4592

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Homer Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2219
d. STREET ADDRESS (If rural, give location): 3503 Franklin

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) c. (Last) Robinson
4. DATE OF DEATH (Month) 5 (Day) 21 (Year) 55
5. SEX: M 2
6. COLOR OR RACE: C
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7-30 1904
9. AGE (In years last birthday): 50 IF UNDER 1 YEAR Months 9 Days 21 IF UNDER 24 HRS. 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
11. BIRTHPLACE (City and State or Foreign Country): Blackwell Mo.
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Willie Robinson
13b. MOTHER'S MAIDEN NAME: Rebecca Madison
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)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Blanche Finley ADDRESS: 3503 Franklin

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock and Internal hemorrhage (homoperi-
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cardium, Hemothorax) secondary to puncture wound of pulmonary artery;
DUE TO (c) suffered when stabbed with knife in hands of one Pearl Story (Col.) in hallway of home at #4 So. Compton Ave. about 11:00 P.M., May 21, 1955.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: WHETHER JUSTIFIABLE OR HOMICIDAL COULD NOT BE DETERMINED Open Verdict
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Open Verdict
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-21-55 11:00P.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? See Above E982X

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* 11:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: James M Kelly (Degree or title) Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 5-25-55
24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 5-27-55
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cem.
24d. LOCATION (City, town, or county) (State): Wellston MO
DATE REC'D BY LOCAL REG. MAY 25 1955
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Walker ADDRESS: 2707 Stodard
(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed W Claude Standar

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.