

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35110

State File No. _____

FILED NOV 15 1955

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BIRTH NO. 27020-55 REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity		d. STREET ADDRESS (If rural, give location) 19 4111a Olive Street					
3. NAME OF DECEASED (Type or Print) a. (First)		b. (Middle)		c. (Last)			
Robinson				4. DATE OF DEATH (Month) (Day) (Year) October 19 1955			
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH October 19 1955			
9. AGE (in years last birthday)		10. MONTHS		11. YEARS			
1		1		25			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri			
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME James Otto Robinson		13b. MOTHER'S MAIDEN NAME Fannie Dell Davis			
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 Fannie Dell Robinson		17. ADDRESS 4111a Olive St					
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 <i>Length of gestation not compatible w/ life.</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 776x		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?		22. I hereby certify that I attended the deceased from <u>Oct 19</u> 19 <u>55</u> to <u>Oct 19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 19</u> , 19 <u>55</u> , and that death occurred at <u>11:30 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>J. Ballen</i>		(Degree or title)		23b. ADDRESS 6305 Kingshighway			
23c. DATE SIGNED 10-26-55		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE OCT 31 1955			
24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. OCT 31 1955		REGISTRAR'S SIGNATURE <i>J. Cash Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Rowland - Area 4104 Manchester</i>			

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

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