

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7134

BIRTH CO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1390

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____					
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>5 WEEKS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI PACIFIC HOSP</u>				e. STREET ADDRESS (If rural, give location) <u>3145 RUTGER AV. 21810</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>-</u> c. (Last) <u>ROBINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 4, 1956</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>COL.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>AUG. 14, 1893</u>			
9. AGE (In years last birthday) <u>62</u>		10. UNDER 1 YEAR Months <u>5</u> Days <u>20</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FESTUS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>AMER.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINE WIPER-RETI.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>FESTUS, MO.</u>			
13a. FATHER'S NAME <u>?</u>			13b. MOTHER'S MAIDEN NAME <u>?</u>			14. NAME OF HUSBAND OR WIFE <u>MRS. BEATRICE ROBINSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>497-03-9584</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Beatrice Robinson</u>				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS - CARCINOMA RECTO-SIGMOID COLON</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>COLON</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>-15 mos.</u>	
19a. DATE OF OPERATION <u>1/18/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA RECTO-SIGMOID COLON</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) _____		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>DEC. 30, 1955</u> , to <u>FEB. 4, 1956</u> , that I last saw the deceased alive on <u>FEB. 3, 1956</u> and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. J. Haw, Jr. M.D.</u>				23b. ADDRESS <u>St. Louis, Mo.</u>		23c. DATE SIGNED <u>2/4/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>FEB 8 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ellis Funeral Home, Inc. 2820 Stoddard St.</u>					

Licensed Embalmer's Statement on Reverse Side

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: *Fulton E. Cull*.....

Licensed Embalmer No. *4116*

P. O. Address *St. Louis*

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.