

FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 2 8 3 8

STATE FILE NUMBER

Health,  
Welfare  
Public  
ServiceRegistration District No. **318** Primary Registration District No. **1003** Registrar's No. **5974**300  
-56DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES. AT  
Sector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. X

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Louis Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		Length of stay in lb <b>20 years 22</b>	
d. STREET ADDRESS <b>1219 S. 6th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Mose</b> Middle <b>Robinson</b> Last <b>Robinson</b>		4. DATE OF DEATH Month <b>6</b> Day <b>20</b> Year <b>57</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 13 1897</b>
9. AGE (In years last birthday) <b>66</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>	11. BIRTHPLACE (City and state or country) <b>Marble Ark.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Mose Robinson</b>		14. MOTHER'S MAIDEN NAME <b>Ida Clemmons</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. <b>491-12-562</b>	
17. INFORMANT <b>Augusta Robinson</b>		Address <b>2601 N. Whittier St.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE* (a) <b>Adenocarcinoma of Stomach with Metastases to Lymph Nodes</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Cholecystitis and Cholelithiasis and Obstructive Jaundice</b>			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>151x</b>		
20c. TIME OF INJURY -- a. m. p. m. _____	Hour Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____	COUNTY _____ STATE _____
21. I attended the deceased from <b>8:12</b> <b>2-27-57</b> to <b>6-20-57</b> and last saw <b>him</b> alive on <b>6-20-57</b>		Death occurred at <b>D. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Frank J. Richards, M.D.</b>		22b. ADDRESS <b>2601 N. Whittier St.</b>	22c. DATE SIGNED <b>6-22-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>June 27, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OAKdale</b>	23d. LOCATION (City, town, or county) (State) <b>Lemay Missouri</b>
24. FUNERAL DIRECTOR <b>A. H. Burks</b> ADDRESS <b>3506 Franklin</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 26 57</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith mo</b>

(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 .....  
Signature of Student Embalmer

Signed *Leroy U. Bannum* .....  
Licensed Embalmer No. 45

P. O. Address 2616 N. 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.