Health, Welfare Public Service

300 -57

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-007730

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2367

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ~~4364 Delmar~~ 3590 Lawton Ave. — Length of stay in 1b	d. STREET ADDRESS ~~4364 Delmar~~ 3500 Lawton Ave. (If outside, give location) — Reside on Farm Yes ☐ No ☐

01 8/9/10

3. NAME OF DECEASED (Type or print)	First: Fate	Middle	Last: Robinson	4. DATE OF DEATH Month Day Year: February 8, 1958
5. SEX: Male	6. COLOR OR RACE: Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: March 10, 1886	9. AGE (In years last birthday): ~~Appx~~ 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: --------	11. BIRTHPLACE (City and state or country): ~~Tennessee~~ Mississippi		12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: Unknown	13b. MOTHER'S MAIDEN NAME: Mary Unknown		14. NAME OF HUSBAND OR WIFE: Carnelia Robinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: 488-18-8017 ~~Unknown~~	17. INFORMANT: William Robinson ~~Irma Hooker~~	Address: 5543 Etzel ~~4364 Delmar~~	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Dissecting aneurysm of the Aorta — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 451+

Corr. by Aff. 6/9/1958 S.E.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw her/him alive on _____

Death occurred at 1009 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) Joseph M. Quinn Coroner	22b. ADDRESS 800 Clark		22c. DATE SIGNED 2/27/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-17-58 At 8:30	23c. NAME OF CEMETERY OR CREMATORY Bauhomical Board Washington Park	23d. LOCATION (City, town, or county) (State) St. Louis, Mo., County
24a. FUNERAL DIRECTOR E. B. Koonce 1221 N. Grand Ave.	25. DATE RECD. BY LOCAL REG. FEB 27 58	26. NAME OF EMBALMER Aker Funeral Service 4104 Manchester	27. NAME OF FUNERAL HOME Carl Smith Mo. St. Louis 10, Mo.

(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 Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 1771 N Bra

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.