

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012224
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2492**

300
1-57

1. PLACE OF DEATH a. COUNTY ---			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Illinois b. COUNTY St. Clair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN E. St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 34 St. Marys Inf.		Length of stay in lb 10 days	d. STREET ADDRESS (If outside, give location) 32 1200 Division		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MATT Middle ROBINSON, JR Last ROBINSON, JR			4. DATE OF DEATH Month Feb. Day 26, Year 1958		
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 7, 1885	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retailer	11. BIRTHPLACE (City and state or country) Villa Ridge, Ill		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Matt Robinson		13b. MOTHER'S MAIDEN NAME Winnie (Unk)		14. NAME OF HUSBAND OR WIFE Cora Robinson	
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 Address E. St. Louis, Ill Viola Chapman, 1200 Division		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) diabetes mellitus <i>Diabetes Mellitus</i>				INTERVAL BETWEEN ONSET AND DEATH 7y	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				260 x	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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.) 2-16-58		20f. CITY, TOWN, OR LOCATION COUNTY STATE 2-26-58	
21. I attended the deceased from Feb 16 - 58 to Feb - 26 - 58 and last saw ^{her} him alive on Feb - 26 - 58 Death occurred at 1:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Walter A. Young		(Degree or title) M.D.		22b. ADDRESS 2337 Market	
22c. DATE SIGNED 2/28/58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/28/58		23c. NAME OF CEMETERY OR CREMATORY Booker T. Washington	
		23d. LOCATION (City, town, or county) (State) Centerville Twp., Ill			
24. FUNERAL DIRECTOR R.M. C. Green, 4060 Washington			25. DATE RECD. BY LOCAL REG. MAR 1 '58		26. REGISTRAR'S SIGNATURE <i>Carl Smith No 2492</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are related. All diseases in Part I must be causally related.

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 E. Glee*

Licensed Embalmer No. *4428*

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.