THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012696
STATE FILE NUMBER

FILED APR 7 1958 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 922

1. PLACE OF DEATH a. COUNTY Saint Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saint Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kinloch — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Kinloch 4000 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ~~None~~ 643 ETZEL — Length of stay in 1b 25 yrs.	d. STREET ADDRESS (If outside, give location) 643 Etzel — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Peter	Middle: A.	Last: Robinson	4. DATE OF DEATH	Month: 3 Day: 29 Year: 58
5. SEX: Male	6. COLOR OR RACE: Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 9 March 1889	9. AGE (In years last birthday): 69	IF UNDER 1 YEAR Months 0 Days 20 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cust.	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (City and state or country): Saint Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Tom Benton		14. MOTHER'S MAIDEN NAME: Susie Robinson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 1918-1918	16. SOCIAL SECURITY NO.: 497-18-6097	17. INFORMANT: Della Robinson — Address: 643 Etzel			

MEDICAL CERTIFICATION

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 — INTERVAL BETWEEN ONSET AND DEATH 4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ca
DUE TO (c) 260X

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 Nov, to March and last saw her/him alive on March 29
Death occurred at March 28 8 40 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.	22b. ADDRESS: [illegible] Kinloch Mo.	22c. DATE SIGNED: 4-31-58	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 4/3/58	23c. NAME OF CEMETERY OR CREMATORY: WASHINGTON PARK	23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY MO.
24. FUNERAL DIRECTOR ADDRESS: Boyd Bros. Funeral Home, Kinloch	25. DATE RECD. BY LOCAL REG.: 4-1-58	26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER—

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Edward A. Flynn

Licensed Embalmer No. 4

P. O. Address Eureka

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.