

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027723
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 317 Primary Registration District No. 546 Registrar's No. 2056

S. 300
v. 1-57

Dr. Williams

1. PLACE OF DEATH a. COUNTY St Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Overland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lackland Nursing Home		Length of stay in 1b 9mo	d. STREET ADDRESS (If outside, give location) 9211 Lackland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Charles L Robbins			4. DATE OF DEATH Month Day Year 8/2/58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/5/82	9. AGE (In years by birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired barber		10b. KIND OF BUSINESS OR INDUSTRY Owner Shop	11. BIRTHPLACE (City and state or country) Boulinger Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Robbins		13b. MOTHER'S MAIDEN NAME Mary Nation		14. NAME OF HUSBAND OR WIFE Anna Robbins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, Unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Anna Robbins Overland Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Vaso motor collapse.					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) metastatic Ca.					
DUE TO (c) Adenocarcinoma of rectum 154X					
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 Month, Day, Year 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 1958 to July 1958 and last saw him alive on 8/2/58 . Death occurred at I PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R Williams M.D. (Degree or title)			22b. ADDRESS 10426 Lackland		22c. DATE SIGNED 8/5/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/6/58	23c. NAME OF CEMETERY OR CREMATORY Mt Lebanon		23d. LOCATION (City, town, or county) (State) Bridgeton Mo
24. FUNERAL DIRECTOR Ortmann F Home ADDRESS 9222 Lackland Overland Mo			25. DATE RECD. BY LOCAL REG. 8-5-58		26. REGISTRAR'S SIGNATURE Herbert R. Combs M.D.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Al C. Ortman*

Licensed Embalmer No. *3478*

P. O. Address

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.