

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038016

FILED VS OCT 23 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-9436**

RECORDED
INDEXED
10/28/59
Nellie Mae Robinson
Greenwood Cemetery
Nellie Mae Robinson
Washington Park Cemetery
23c

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		a. STATE Missouri COUNTY	
Length of stay in 1b		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 1730a Elliott	
3. NAME OF DECEASED (Type or print) First Nellie Middle MAR Last ROBINSON		4. DATE OF DEATH Month OCTOBER Day 13 Year 1959	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/14/05
9. AGE (last birthday) 54		IF UNDER 1 YEAR Months 7 Days 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Dakota, Oklahoma
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Henry Johnson	
13b. MOTHER'S MAIDEN NAME Sarah Gordon		14. NAME OF HUSBAND OR WIFE Maria Robinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Maria Robinson, 1730a Elliott
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, BILATERAL			INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED PERITONITIS			5 DAYS
DUE TO (c) CARCINOMA OF HEAD OF PANCREAS WITH METASTASES TO LUNGS			2 MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157x			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 SEPT. 30, 1959 to OCT. 13, 1959 and last saw her/him alive on OCT. 13, 1959 Death occurred at 7:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. J. Gates, M.D.</i>		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 10/14/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/20/59	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Charles J. Gates, 4107 Finney Ave.	25. DATE RECD. BY LOCAL REG. OCT 14 59	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

BY AFFIDAVIT OF Funeral Director MEDICAL CERTIFICATION DOCUMENT

I HEREBY CERTIFY THAT

STATE OF MISSISSIPPI

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 Gepton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Av

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.