URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 28 1960

-60-028742

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7026 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Fermin Deslodge — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois COUNTY: St. Clair
c. CITY OR TOWN: East St. Louis — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 4432 Gay Avenue — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HELEN Middle Last ROBINSON
4. DATE OF DEATH: Month July Day 8, Year 1960
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4/22/30
9. AGE (last birthday): 30 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
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): Clarendon, Arkansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: PIPP JEFFRIES
13b. MOTHER'S MAIDEN NAME: LOUVENIA MEDLOCK
14. NAME OF HUSBAND OR WIFE: Ivory 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.: Unknown
17. INFORMANT: Louvenia Carter, Address 4432 Gay Avenue East St. Louis, Ill.

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) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hemiplegia
DUE TO (c) Brain tumor (benign)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 223x
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 5-31-60, to 7-8-60 and last saw her/him alive on 7-[illegible]-60
Death occurred at 9:52 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Francis S. Walker M.D. (Degree or title)
22b. ADDRESS: 4161 Lindell
22c. DATE SIGNED: 7-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 16, 1960
23c. NAME OF CEMETERY OR CREMATORY: Booker Washington
23d. LOCATION (City, town, or county) (State): Centreville Township, Ill.

24. FUNERAL DIRECTOR: Marion Jeffries — ADDRESS: 2114 Missouri Ave. East St. Louis, Ill.
25. DATE RECD. BY LOCAL REG.: JUL 13 1960
26. REGISTRAR'S SIGNATURE: Pearl Smith M.D. m JB

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Frank Prokopf

Signature of Student Embalmer

Licensed Embalmer No. 4356

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.