

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY St. Louis.								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b		c. CITY OR TOWN Hazelwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 808 Lynn Haven, Lane		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Kelly Middle Marie Last Robinson				4. DATE OF DEATH Month October Day 3 Year 1960								
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/27/1959		9. AGE (last birthday) 1 IF UNDER 1 YEAR Months 7 Days 17 IF UNDER 24 HR Hours 1 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Glennon J. Robinson			13b. MOTHER'S MAIDEN NAME Jeannine McCaslyn			14. NAME OF HUSBAND OR WIFE Nil.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Nil. (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		17. INFORMANT Glennon J. Robinson, 808 Lynn Haven, Lane Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hydrocephalus, Congenital DUE TO (b) DUE TO (c) 752x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 7:05 p.m. Month, Day, Year 6-19-59			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 St. Louis, Mo.		COUNTY St. Louis, Mo.		STATE	
21. I attended the deceased from 6-19-59 to 10-3-60 and last saw her/him alive on 10-3-60 Death occurred at 7:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE Henry E. Lattinville, M.D. (Degree or title)					22b. ADDRESS 100 No. Euclid					22c. DATE SIGNED Oct 4, 1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-6-60		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			23d. LOCATION (City, town, or county) St. Louis, Mo.			23e. (State)		
24. FUNERAL DIRECTOR Harriگان-Sheahan, 4700 Washington, Blvd.					25. DATE RECD. BY LOCAL REG. OCT 4 1960		26. REGISTRAR'S SIGNATURE Head Smith, M.D.					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed Stanley H. Ripa
Licensed Embalmer No. 419
P. O. Address S. L.

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