SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-047824

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1369

FILED FEB 7 1962

DATE AMENDED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY
c. CITY OR TOWN St Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 1010 Rome (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JAMES Middle Last Robinson
4. DATE OF DEATH Month 12 Day 16 Year 61
5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Unk
8. DATE OF BIRTH
9. AGE (last birthday) 70-45
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) Unk
10b. KIND OF BUSINESS OR INDUSTRY Unk
11. BIRTHPLACE (City and state or country) Unk
12. CITIZEN OF WHAT COUNTRY Unk
13a. FATHER'S NAME Unk
13b. MOTHER'S MAIDEN NAME Unk
14. NAME OF HUSBAND OR WIFE Unk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If yes, give year or dates of service)
16. SOCIAL SECURITY NO. Unk
17. INFORMANT Helen L. Taylor Address 1300 Clark Ave.

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)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Cerebral Edema
DUE TO (c) N. M. C.
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)
334x
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Helen L. Taylor, Coroner (Degree or title)
22b. ADDRESS 1300 Clark Ave.
22c. DATE SIGNED 1-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE JAN 31 1962
23c. NAME OF CEMETERY OR CREMATORY Anatomical Board
23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR Rowland-Aker Mortuary Service
ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.
25. DATE RECD. BY LOCAL REG. JAN 31 1962
26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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