

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041964

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10608** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

**FILED OCT 31 1963**

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 **2yr 270 days** c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Chronic** Inside Limits Yes  No  d. STREET ADDRESS (if outside, give location) **3733 Aldine** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Harris** Middle **Robinson** Last **Robinson** 4. DATE OF DEATH Month **10** Day **22** Year **1963**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **9-27-89** 9. AGE (last birthday) **74** 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) **None** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state or country) **Tennessee** 12. CITIZEN OF WHAT COUNTRY **U.S. A**

13a. FATHER'S NAME **Jack** 13b. MOTHER'S MAIDEN NAME **Patsy Crenshaw** 14. NAME OF HUSBAND OR WIFE **Pearl**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **None** 16. SOCIAL SECURITY NO. **4200** 17. INFORMANT Address **Pearl Robinson 3733 Andine**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **A.S.H.D. - 10 years**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **H.C.V.D.**  
 DUE TO (c) **4200**  
 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.  
 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 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 **1-25-61** to **10-22-63** and last saw her alive on **10-22-63**  
 Death occurred at **10:58 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Kenneth Choce MD** 22b. ADDRESS **5600 Arsenal** 22c. DATE SIGNED **10-23-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **10-28-63** 23c. NAME OF CEMETERY OR CREMATORY **Father Dickerson** 23d. LOCATION (City, town, or county) (State) **Kirkwood MO**

24. FUNERAL DIRECTOR ADDRESS **PRICE Funeral Home 2829 Washington** 25. DATE RECD. BY LOCAL REG. **OCT 25 1963** 26. REGISTRAR'S SIGNATURE **Loan Smith - M.D.**

VS 300 Rev. 4/59

1

2 **21**

3

4 **2**

5 **1**

6

7 **1**

8 **2**

9

10

11

12 **76-0**

13

76

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

