

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

25903

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 5657) Waterman St. (Ward)

File No. ....  
 Registered No. 7080

**2. FULL NAME**

Katherine E. Robinson  
 (a) Residence. No. 5657 Waterman St. 5 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eben G. Robinson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 24, 1846</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>11</u>	DAYS <u>9</u>
IF LESS than 1 day, ..... hrs. or ..... min.		

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work at Home  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stark Co  
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER John Stall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pa  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mrs Pittet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pa  
 (STATE OR COUNTRY)

14. INFORMANT Cora Robinson  
 (Address) 5657 Waterman

15. FILED 19 May 1 1929  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 - 1929  
 17. I HEREBY CERTIFY, That I attended deceased from June 29, 1929, to July 3, 1929, that I last saw him alive on July 3, 1929, and that death occurred, on the date stated above, at 10:35 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Arterio Sclerosis  
gradual paralysis, beginning with left side hemiplegia  
 (duration) ..... yrs. 3 mos. .... ds.  
 CONTRIBUTORY Arterio Sclerosis Arterio Sclerosis  
 (SECONDARY) (duration) 2 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Paralysis unconsciousness  
 (Signed) Louis H. Babcock, M. D.  
July 5, 1929. (Address) 102 20 Broadway

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cemetery DATE OF BURIAL July 5 1929

20. UNDERTAKER Chapton ADDRESS Oliver

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

June Bldg.