

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-027280

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6368

FILED JUL 25 1961

1. PLACE OF DEATH a. COUNTY		1 yr. Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		9 mo. 5 days		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chronic Hosp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1318 Blackstone</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Robinson</u> Last <u>Robinson</u>		4. DATE OF DEATH Month <u>7</u> Day <u>6</u> Year <u>61</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-14-88</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NO</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABOR</u>		11. BIRTHPLACE (City and state or country) <u>Louisiana</u>	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Unk.</u>		13b. MOTHER'S MAIDEN NAME <u>Unk.</u>	
14. NAME OF HUSBAND OR WIFE <u>UNK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT Address <u>FRIEND</u> <u>LULA-BROOK 1418 BLACKSTONE</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atherosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c) <u>4200</u>	
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 type="checkbox"/> NO <input checked="" 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 <u>  </u> Month, Day, Year <u>  </u>					
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		COUNTY	STATE
21. I attended the deceased from <u>10-1-59</u> to <u>7-6-61</u> and last saw her/him alive on <u>7-6-61</u> . Death occurred at <u>11:15 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Joseph G. Crust M.D.</u> (Degree or title)		22b. ADDRESS <u>5800 Arsenal</u>		22c. DATE SIGNED <u>7/10/1961</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7-9-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FATHERDICKSON</u>		23d. LOCATION (City, town, or county) <u>ST. LOUIS COUNTY</u>	
24. FUNERAL DIRECTOR <u>PEASTON FUNERAL 2649 DELMAR</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>JUL 10 1961</u>		26. REGISTRAR'S SIGNATURE <u>Roald Smith, M.D.</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 6 27  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene Miles

Licensed Embalmer No. 3623

P. O. Address 2915 Frank

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