

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017194

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Filed on **MAY 10 1962**

318

Primary Registration District No. _____

1003

Registrar's No. _____

4515

STATE FILE NUMBER

DO NOT WRITE ON THIS STUDY

AMENDED

VS-300
Rev. 4/59

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1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 67 yrs		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3931 Kennerly Ave			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3931 Kennerly Ave
3. NAME OF DECEASED (Type or print) First THALIA Middle ROBINSON Last			4. DATE OF DEATH Month April Day 29 Year 1962		
5. SEX Female	6. COLOR OR RACE Col	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-11-81	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 3 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Lafayette Ky	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Archie Ransom		13b. MOTHER'S MAIDEN NAME Nannie Killebrew	
14. NAME OF HUSBAND OR WIFE *		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Virginia Walker		Address 3931 Kennerly Ave			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) <i>OK</i> Arterio Sclerosis, Suppurative Nephritis					
DUE TO (b) Chronic Nephritis					
DUE TO (c) Generalized Arterio Sclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility					
PART III. If deceased was female was there a pregnancy in last 90 days. 446XF					
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.) Pt Had Slight Fall Getting up bed	
20c. TIME OF INJURY Hour 4 a.m. 24 p.m. 62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Slight Injury not contributory to death			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St. Louis, Mo		COUNTY Mo STATE	
21. I attended the deceased from Nov 11-1959 to April 29, 1962 and last saw her/him alive on April 28 1962 Death occurred at 1:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE S E Moore M D			22b. ADDRESS 2330 Franklin		22c. DATE SIGNED 4/30/62
23b. BURIAL, CREMATION, REMOVAL (Specify) Removal		23c. NAME OF CEMETERY OR CREMATORY Greenwood		23d. LOCATION (City, town, or county) (State) St. Louis Co Mo	
23a. DATE 5-5-1962		25. DATE RECD. BY LOCAL REG. MAY 2 1962		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	
24. FUNERAL DIRECTOR JAS H. RANDLE & SON 3133 Bell Ave					



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 *Ether H. Harris*

Licensed Embalmer No. *4458*

P. O. Address *4181 Washington*

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.