

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

Do not use this space.

22626

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St Louis Mo. (No. Barnes Hospital)

File No.

Registered No. 6274

St. Ward)

2. FULL NAME John Ealy Robinson

(a) Residence. No. 4191^{1/2} West Bell, St. 11 Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nattie Robinson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27 1875

7. AGE YEARS <u>52</u>	MONTHS <u>5</u>	DAYS <u>8</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
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8. OCCUPATION OF DECEASED 348 Laborer

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bellvue Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Daniel Robinson

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

12. MAIDEN NAME OF MOTHER Caroline Hall

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

14. INFORMANT Nattie Robinson
(Address) 4191^{1/2} West Bell

15. FILED 111 - 8 1927 Mar 6 Starckoff
19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-5 1927

17. I HEREBY CERTIFY, That I attended deceased from 6-17, 1927, to 7-5, 1927, that I last saw him alive on 7-5, 1927, and that death occurred, on the date stated above, at 11:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
aneurysm of aorta (thoracic and abdominal)
Syphilis

CONTRIBUTORY (SECONDARY) 38
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) C. G. Hedeman, M. D.
, 19 (Address) Barnes Hosp.

*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 Greenwood DATE OF BURIAL 7/10 1927

20. UNDERTAKER Manuel Indt. Co. ADDRESS 4069 Finney

WHITE CARBON, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

