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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 29324

Township ..... Primary Registration District No. ..... Registered No. 8852

City SAINT LOUIS. (No. 5854 CABANNE AVENUE. St. ..... Ward)

2. FULL NAME JOSEPH ROBINSON

(a) Residence. No. 5854 CABANNE AVE. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ALSINA J. ROBINSON

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MARCH 31st 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	5	#	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work CONTRACTOR - BUILDER

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

(c) Name of employer SELF

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) ENGLAND

PARENTS

10. NAME OF FATHER JOHN ROBINSON

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

12. MAIDEN NAME OF MOTHER ALICE FOSTER

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

14. INFORMANT Mrs Alsina J. Robinson
(Address) 5854 Cabanne Ave

15. FILED SEP 2 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31st 1928.

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926, to Aug 31, 1928, that I last saw him alive on Aug 31, 1928, and that death occurred, on the date stated above, at 10 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio-Vascular-Renal Disease

131

1290

(duration) 4+ yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... 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? Usual High B.P. Arteries Urine

(Signed) Louis H. Behrens, M. D

Sept 1, 1928 (Address) 102 No 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 SEPT 3 1928.

20. UNDERTAKER C R Lupton and Son

ADDRESS 4449 OLIVE.

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.

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1 - 3 pm