

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

Do not use this space.

7109

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 100E  
 City St. Louis (No. 94 12 1/2 S. Stoddard St.) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 1978

**2. FULL NAME**

Vernon Robinson Jr.  
 (a) Residence No. 216 1/2 Stoddard St. Ward 21  
 (Usual place of abode) (If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 9 24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.  
 10. NAME OF FATHER Vernon Robinson

PARENTS

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

12. MAIDEN NAME OF MOTHER Maudell Johnson

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

14. INFORMANT Maudell Moore  
 (Address) 216 1/2 Stoddard St.

15. FILED May 2 1978  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/22 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 21 1930 that I last saw him alive on Feb 21 1930 and that death occurred, on the date stated above, at 3:15 P.M.

18A THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
1. Broncho pneumonia  
Secondary  
 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 1005 W. ...  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) [Signature] M. D.  
2/24/30 (Address) 1005 W. ...

\*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 Washington Park DATE OF BURIAL 2/25 1930

20. UNDERTAKER R. M. C. Green ADDRESS 3517 S. ...

K. 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.

aw

Dr. A. N. Cushman (col)