WRITE PLAINLY 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.

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. ..... File No. 3567

Township ..... Primary Registration District No. ..... Registered No. 501

City St Louis (No. City Infirmary St. ..... Ward)

30 9

2. FULL NAME Sherman L Robbins

(a) Residence, No. 5800 Arsenal St., 13 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary E. Robbins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1865.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
67	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Cyrus Robbins

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. J.

MOTHER

15. MAIDEN NAME Amelia Gloyd

2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. J.

17. INFORMANT (ADDRESS) M. Eppinger 5800 Arsenal St.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

PLACE City Crematory DATE 1/16 1933

19. UNDERTAKER (ADDRESS) Geo Pausch 5800 Arsenal St.

20. FILED JAN 14 1933 19 Max C Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec #7, 1932, to Jan 12, 1933

I last saw him alive on Jan 12, 1933. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 93C 97

Date of onset

Other contributory causes of importance:

Arteriosclerosis 93C

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dennis B Elrod, M. D.

(Address) 5600 Arsenal