

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

Do not use this space.

14465

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Central Primary Registration District No. 4033
City Clayton (No. 63) Winnell Pl.

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. min.
74 6 28

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME P. H. Dorsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny.

15. MAIDEN NAME Olivia Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington D.C.

17. INFORMANT A. S. Robinson
(ADDRESS) 63 Winnell Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE April 15 1933

19. UNDERTAKER Arthur J. Hornally, Emb. Co.
(ADDRESS) 3840 Wendell Bldg.

20. FILED Apr. 14 1933 R. W. Sullivan
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 13 1933 to Apr 13 1933

I last saw him alive on Apr 13 1933 Death is said to have occurred on the date stated above, at 4:25 P. m.

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

Menigelegia
Hypertension
Arteriosclerosis
Date of onset Apr 13 1933

Other contributory causes of importance: _____

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 Missis Hall
(Signed) _____, M. D.

(Address) 5219 Delmar

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.

MAY 24 1933

Dr. W. C. Hill

5219 Delaware Ave

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