MARGIN RESERVED FOR BINDING

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

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

Do not use this space.

14497

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 Registered No. 137

City Jefferson Barracks, Mo. (No. Veterans Administration Facility St. Ward)

2. FULL NAME ROBINSON, Benjamin W.

(a) Residence, No. 917 No. Compton Ave., St. Louis, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

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

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Mrs. Jessie Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 25, 1887

7. AGE: YEARS 45 | MONTHS 8 | DAYS 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): Abt. 2 yrs. ago

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co., Missouri.

FATHER

13. NAME: Charles Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Unavailable

MOTHER

15. MAIDEN NAME: Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Unavailable

17. INFORMANT (ADDRESS): C. H. SMITH, M.D., Clinical Director, VetAdm. Facility, Jeff. Brk., Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE National Cemetery DATE 5-3- 1933

19. UNDERTAKER (ADDRESS): James Funeral Home 2734 Sheridan

20. FILED Apr. 28, 1933 L. C. Obrock M.D. L.A. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 23, 1931, to April 26, 1933

I last saw him alive on April 26, 1933. Death is said to have occurred on the date stated above, at 10:00PM

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

	Date of onset
Myocarditis	Unk.
9310	
9310	
Other contributory causes of importance:	
Arteriosclerosis, generalized, severe.	Unk.

Name of operation -- Date of -

What test confirmed diagnosis? Clinical, physical, x-ray & laboratory findings. Was there an autopsy? No

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) W. C. GIBSON, M.D., Manager, M. D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

MS. No. 2