

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

Do not use this space.

18477

1. PLACE OF DEATH

County Registration District No. 7971
Township Primary Registration District No. 10083
City St. Louis (No. Ms. Pae. Hosp.) St. Ward)

File No.
Registered No. 4737 St. Ward)

2. FULL NAME

(a) Residence, No. 612 Canal St. 17 Ward. Brooklyn, Ill.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sillie Robinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15-1882</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>12</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engines House Sat.</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Terminal R.R.</u>		
10. Date deceased last worked at this occupation (month and year) <u>April 1933</u>		11. Total time (years) spent in this occupation <u>10yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parson Kansas</u>		
13. NAME <u>John Robinson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Sillie Robinson Brooklyn Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Anthony Ill</u> DATE <u>May 29 1933</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. Braddock</u>		
20. FILED <u>J. J. Braddock</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-12 1933 to 5-27 1933
I last saw him alive on 5-27 1933 Death is said to have occurred on the date stated above, at 12 N
The principal cause of death and related causes of importance were as follows:
46f Carcinoma of breasts
46f Post-operative shock
Other contributory causes of importance:
Explanatory laparotomy 5-27-33
Name of operation Explanatory laparotomy
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) Ree. Boal, M. D.
(Address) Mo-Pacific Hospital St. Louis,

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.

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[The body of the document contains several columns of text that are extremely faint and illegible due to the quality of the scan. The text appears to be organized into a structured format, possibly a ledger or a list of entries, but the specific details cannot be discerned.]