

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

Do not use this space.

21001

1. PLACE OF DEATH

County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 6033
 City Clayton (No. St. Louis County Hospital) St. _____ Ward _____

2. FULL NAME

Robert Bynum
 (a) Residence, No. 7064 Mitchell Ave., Ward. Richmond Hgts, Mo.
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. Bynum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29 1864</u>		
7. AGE <u>68</u>	YEARS <u>10</u>	MONTHS <u>1-9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Car loader</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>American Express Co</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>20 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Adolph Bynum</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No. Carolina</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Bessie Grueber</u> (ADDRESS) <u>7064 Mitchell Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sencordia Cem.</u> DATE <u>June 20 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Croghan Und. Co. inc</u> <u>7146 Manchester Ave.</u>		
20. FILED <u>June 19 1933</u> <u>R.W. Sullivan</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/18 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-7 1933, to 6/18 1933.
 I last saw him alive on 6/18 1933. Death is said to have occurred on the date stated above, at 11:50 a.m.
 The principal cause of death and related causes of importance were as follows:
31
grip pneumonia following
82nd
107th
apoplectic stroke
 Other contributory causes of importance:
82nd
CVR disease

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) S J Helle (Address) St Louis Co Hospital

WRITE PLAINLY, IN FADING INK--THIS IS A PER

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Hiller