

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

Do not use this space.

96

1. PLACE OF DEATH *Carondelet*
 County *Jefferson* Registration District No. *1123*
 Township *2nd* Primary Registration District No. *6248B*
 City *St. Louis* (No. *187*) St. _____ Ward _____

2. FULL NAME *Frank E. Robinson*
 (a) Residence, No. *217 No. 17th* St. _____ Ward *2nd Vernon Hill*
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. *3* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

21036

File No. _____
 Registered No. *187*
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Kate E. Robinson</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>11-30-94</i>				
7. AGE YEARS <i>28</i>	MONTHS <i>6</i>	DAYS <i>10</i>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Police officer</i>			
	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) <i>6/6/33</i>		11. Total time (years) spent in this occupation <i>30 days</i>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>2nd Vernon Hill</i>				
FATHER	13. NAME <i>Douglas Robinson</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>2nd Vernon Hill</i>			
MOTHER	15. MAIDEN NAME <i>Mary E. Allen</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>2nd Vernon Hill</i>			
17. INFORMANT <i>Kate E. Robinson</i> (ADDRESS) <i>2nd Vernon Hill</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>2nd Vernon Hill</i> DATE <i>June 12, 1933</i>				
19. UNDERTAKER <i>Myers Funeral Service</i> (ADDRESS) <i>2nd Vernon Hill</i>				
20. FILED <i>NOV 12 1933</i> 19. <i>L. C. Brock M. U.</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-10*, 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *6-7*, 19*33*, to *6-10-33*, 19*33*
 I last saw h. *in* alive on *6-10-33*, 19*33*. Death is said to have occurred on the date stated above, at *6:50* m.
 The principal cause of death and related causes of importance were as follows:
Peritonitis
12/11
12/13
12/12
 Other contributory causes of importance:
Empyema of appendix
fracture

Name of operation *Appendectomy* Date of *6/10/33*
 What test confirmed diagnosis? *Staple test* 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? *no*
 If so, specify _____
 (Signed) *W. C. Gibson* Manager, M. D.
 (Address) *U. S. Veterans Facility, Jefferson Blk*

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.

AGE 20 10 1

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