

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

Do not use this space.

24766

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1002 4**
 City **St Louis Mo** (No. **City Hospital 2**)..... St. Ward)

File No.....
 Registered No. **6172**.....

2. FULL NAME

Arcealia Robinson
 (a) Residence, No. **2729 Locas**..... St. **M**..... 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 Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-21-1917		
7. AGE	YEARS	MONTHS
	16	3
		DAYS
		22
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	Schoolgirl	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	St Louis Mo
	13. NAME	Alvin Woodrue
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Unknown
	15. MAIDEN NAME	Lola Young
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Unknown
17. INFORMANT (ADDRESS)	R. S. Stande, City Hospital #2	
18. BURIAL, CREMATION, OR REMOVAL PLACE	Greenwood	DATE 7-15-1933
19. UNDERTAKER (ADDRESS)	A. E. Paul and Co. 2716-Sub. One	
20. FILED	11-3-33	J. B. Brueck Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-13-1933**

22. I HEREBY CERTIFY, That I attended deceased from **7-5-1933** to **7-13-1933**

I last saw him alive on **7-13-1933**. Death is said to have occurred on the date stated above, at **2 1/2** m.

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

Acute myocarditis
10 (Pres. Diptheria)
75A
 Other contributory causes of importance:
acute toxic anemia
Pregnancy - delivered 7/12/33

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) **R. Smith**..... M. D.
 (Address) **City Hospital #2**

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.

