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.

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

Do not use this space.

FEB 21 1935

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3123

Township ..... Primary Registration District No. 1003 Registered No. 401

City St Louis Mo. (No. St. Louis Childrens Hosp. St. ..... Ward)

2. FULL NAME Baby "Boy" Robinson

(a) Residence, No. 329 So Grimson Ward 21 (If nonresident, give city or town and State)
(Usual place of abode)

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 Male

4. COLOR OR RACE Colored

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-12-34

7. AGE YEARS MONTHS 1 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Louis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Ills.

MOTHER

15. MAIDEN NAME Ada Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okolona, Miss.

17. INFORMANT (ADDRESS) J F Blum 500 So Kingshighway

18. BURIAL, CREMATION, OR REMOVAL St Louis Childrens Hosp DATE 1-5-35 19

19. UNDERTAKER (ADDRESS) Released for Anatomical Purposes

20. FILED Jan 1 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5-35 19

22. I HEREBY CERTIFY, That I attended deceased from 1-5-35, 19..., to 1-5-35, 19...

I last saw him alive on 1-5- 1935. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Pneumonia, lobar — Date of onset 1-3-35

Other contributory causes of importance: Prematurity

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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. E. Kerter, M. D.

(Address) 500 So Kings

401
401