

MAY 25 1935

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

Do not use this space.

12516

1. PLACE OF DEATH

County *St. Louis*

Registration District No. *918*

File No. *212*

Township *Springfield*

Primary Registration District No. *2001*

Registered No. *5*

City *Springfield*

(No. *120 E Delmar*)

St. *B*

Ward

2. FULL NAME

(a) Residence, No. *120 E Delmar*

St.

Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*

4. COLOR OR RACE *White*

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 6*, 19*35*

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

22. I HEREBY CERTIFY, That I attended deceased from *April 6*, 19*35*, to *April 6*, 19*35*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 7 - 1891*

I last saw h. *alive on April 6*, 19*35*, at *6:45 p.m.* Death is said to have occurred on the date stated above, at *6:45 p.m.*

7. AGE YEARS *43* MONTHS *10* DAYS *29*

If LESS than 1 day, hrs. or min.

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

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

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.

Other contributory causes of importance: *Arteriosclerosis B.P. 230/120*

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

13. NAME *Joseph Andrea*

Name of operation *Myocardium*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Chicago, Ill.*

Date of *4/6*

15. MAIDEN NAME *Josephine Croase*

What test confirmed diagnosis? Was there an autopsy?

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19*35*

17. INFORMANT *Leonard Robberson*

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER *Springfield*

Manner of injury

20. FILED *4-7*, 19*35*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify *No*

(Signed) *A. H. Thomas*, M. D.

(Address) *324 Louisiana St.*

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.

