

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.

JAN 13 1935

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

Do not use this space.

41761

1. PLACE OF DEATH

County .....  
Township .....  
City *St. Louis* (No. *1008*)

Registration District No. *791*  
Primary Registration District No. *1008*  
(No. *of St. Louis City Map*)

File No. ....  
Registered No. *11008*  
St. .... Ward)

2. FULL NAME

*Ellie Robinson*  
(a) Residence, No. *1308 Pear Biddle* St., *25* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unknown*

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. *About 65* - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *huf*  
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) *Illinois*

MOTHER 13. NAME *unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Perilla Morgan* (ADDRESS) *1475 N. 14th St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Greenwood Cem* DATE *Dec 27 1935*

19. UNDERTAKER *W. S. Wade and Co* (ADDRESS) *420 1/2 Finney Ave*

20. FILED *DEC 27 1935* *J. H. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/19/1935*

I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
I last saw him/her alive on ..... 19..... Death is said to have occurred on the date stated above, at *6:00 A.M.*  
The principal cause of death and related causes of importance were as follows:

*Arterio Sclerosis*  
*Chr. Myocarditis*

Other contributory causes of importance: *gpc*

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) *Harold P. ...* M.D.  
(Address) *...*

