MAR 12 1936

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

Do not use this space.

791

8103

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 1003 — File No.: 1781

Township: — Primary Registration District No.: — Registered No.:

City: St. Louis (No.: City Hospital — St.: — Ward:)

2. FULL NAME 4-15-43 Mary Robinson

(a) Residence, No.: 4047 Vista St., Ward: 19 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 16-1897

7. AGE: Years 39 — Months 9 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Kentucky

FATHER

13. NAME: Unknown Farley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Hosp. Dep. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Valhalla — DATE: Feb. 18, 1936

19. UNDERTAKER (ADDRESS): Joy C. Smith Funeral Home, 7456 Manchester Ave.

20. FILED: FEB 17 1936 — J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1936 to 2/14, 1936

I last saw he alive on 2/14, 1936. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

	Date of onset
Toxic Myelitis	
Pyelonephritis & Cystitis	
Non Calculous nephrosis	
Non Cataracha Non Glaucoma	
Non Puerperal cause unknown	

Other contributory causes of importance:

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? No

If so, specify:

(Signed) Hymen H. Fingert, M. D.

(Address) City Hosp.

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.