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.

MAR 12 1936

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

Do not use this space.

8261

File No. 8261

Registered No. 1940

1. PLACE OF DEATH

County

Township

City St. Louis (No. 2721a S. Kingshighway St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Johanna Robinson

(a) Residence, No. 2721a S. Kingshighway St., 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of Wm. H. Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 4, 1866

7. AGE: YEARS 69 | MONTHS 5 | DAYS 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gasconade County Mo.

FATHER

13. NAME: Unknown Williams

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Wm. H. Robinson 2721a S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE Feb. 22, 1936

19. UNDERTAKER (ADDRESS): Suedmeyer & Sons 3934 N. 20 St.

20. FILED FEB 21 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 20, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1935, to 2-20, 1936

I last saw her alive on 2-20-, 1936. Death is said to have occurred on the date stated above, at 825 P.m.

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

	Date of onset
Carcinoma of liver	1935
46	
Other contributory causes of importance: Portal obstruction	2-5-36

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

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

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) L. G. Millikin, M. D.

(Address) 260 S. Kingshighway

Dr. [illegible]
2608 S. Kingsbury
to 12 noon