MAR 12 1936

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

Do not use this space.
8556

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo (No. City Hospital No. 2 St. ..... Ward)

File No. .....
Registered No. 2260

2. FULL NAME Lottie Robinson

(a) Residence, No. 1314 - N - 23rd - St. Ward 21
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 20th 1897

7. AGE: YEARS 38 MONTHS 6 DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... Lwf
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): Mississippi

FATHER
13. NAME: Bud Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT (ADDRESS): Ruby Perkeaux 2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Feb 29 1936

19. UNDERTAKER (ADDRESS): L. V. Atkins 3317 Delmar Blvd.

20. FILED FEB 29 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 22nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 - 3 -, 1936, to 2 - 22 -, 1936
I last saw her alive on 2 - 22 -, 1936 Death is said to have occurred on the date stated above, at 3:35 A m.
The principal cause of death and related causes of importance were as follows:

Ovarian Cyst — Date of onset 2-3-36
Non malignant

Other contributory causes of importance: 139a

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) J. Owen Blache, M. D.
(Address) City Hospital #2
2945 - Lawton

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD