

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis* (No. *Enroute to Hosp. #2*)

File No. 8650

Registered No. 2470

2. FULL NAME *Mary Robinson*(a) Residence, No. *5400* *Hall* St. *9* Ward.

(Usual place of abode)

(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

3. SEX *F* 4. COLOR OR RACE *C* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *W*

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF *Unknown*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *abt 1873*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 93

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

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) *Mississippi*13. NAME *Wm.*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wark.*15. MAIDEN NAME *Wark.*

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

17. INFORMANT *Harold A. Shultz, Dep. Cor. Coroner's Court 13249*18. BURIAL, CREMATION, OR REMOVAL *City Cemetery* DATE *3/4/1936*19. UNDERTAKER *Wm. C. McDowell* (ADDRESS) *2506 Franklin Ave*20. FILED *J. Bredeck* Registrar. MAR 5 1936

MEDICAL CERTIFICATE OF DEATH

*no physician in attendance*21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 18 1936*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *12³⁰ P.m.*

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

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Senility

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?.....

If so, specify.....

(Signed) *J. Bredeck*, M. D.(Address) *1215 1/2 St. Louis*

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.

