NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH ST. MARY'S INFIRMARY

County ..... Registration District No. 791 File No. 49083

Township ..... Primary Registration District No. 1003 Registered No. 9936

City St. Louis, Mo. (No. 1536 Papin St. Mary's Infirmary St. ..... Ward)

2. FULL NAME Stillborn Robinson

(a) Residence, No. 225 S. Jefferson St., 22 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: Male

4. COLOR OR RACE: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1936

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

OCCUPATION

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) St. Louis
(STATE OR COUNTRY) Mo.

FATHER

13. NAME unknown

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

MOTHER

15. MAIDEN NAME Eddie Robinson

16. BIRTHPLACE (CITY OR TOWN) Pine Bluff
(STATE OR COUNTRY) Arkansas

17. INFORMANT Eddie Robinson - mother
(ADDRESS) 225 S. Jefferson

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem. DATE 10-2-36, 19

19. UNDERTAKER David Van Wassan
(ADDRESS) City Hosp.

20. FILED OCT 1 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1936

22. I HEREBY CERTIFY, That I attended ~~deceased from~~ stillborn, ~~19..., to~~, 19...
~~Natural~~ alive on, ~~19... at Death~~ is said to have occurred on the date stated above, at 7:05 A.m.

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

	Date of onset
Luetic condition of mother	
Stillborn	

Other contributory causes of importance:

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? .....
If so, specify .....

(Signed) F. D. Alexander, M. D.
(Address) St. Mary's Infirmary

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should WRITE LEGIBLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import.