

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FEB 8 1937

4283
1347

1. PLACE OF DEATH

County

Registration District No.

Township

City St. Louis, Mo. (No. City Hospital No. 2)

File No.

Registered No.

St. Ward)

2. FULL NAME Frank Robinson

(a) Residence, No. 1505 S. Third St. St. 23 Ward. /

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 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

Col.

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

Married

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

Rosie Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

58

4

5

OCCUPATION

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

Laborer 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Common

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)

Tenn. 2

MOTHER FATHER

13. NAME

Frank Robinson

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

Tenn. 2

15. MAIDEN NAME

Mary Cox

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

Tenn. 2

17. INFORMANT (ADDRESS)

Ruby Perdeau 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Father Duchin DATE 1/30 1937

19. UNDERTAKER (ADDRESS)

(ADDRESS)

1505 S. Third St. St. Louis, Mo.

20. FILED

JAN 30 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan: 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1937, to Jan. 21, 1937

I last saw him alive on Jan. 21, 1937. Death is said to have occurred on the date stated above, at 4:15 p.m. M. The principal cause of death and related causes of importance were as follows:

Bilateral Lobar Pneumonia

Date of onset 1-20-37

108

Other contributory causes of importance: -----

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?

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) A. L. Lewis, M. D.

(Address) 2945 Lawton Ave.

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

