

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
3035 Delmar Blvd. (No. 2/ Ward.)

File No. 10856  
Registered No. 3450  
St. \_\_\_\_\_ Ward)

2. FULL NAME James A. Robinson

(a) Residence, No. 3035 Delmar Blvd. St. 2/ 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) act. July 4, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
About 77 8 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barbar Shop  
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) Petersberg W. Virginia

13. NAME Unknown

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

15. MAIDEN NAME Millie Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Petersberg W. Virginia

17. INFORMANT Elnora Voss  
(ADDRESS) 3035 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE Mar. 31 1937

19. UNDERTAKER A. Russell Und. Company  
(ADDRESS) 2732 Pine Street

20. FILED MAR 29 1937 J. Bredbeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 1937

22. I HEREBY CERTIFY, That I attended deceased from March 18 1937 to Mar 26 1937  
I last saw him alive on Mar 26 1937 Death is said to have occurred on the date stated above, 22.45 P.M.

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

Date of onset

Pneumonia

Other contributory causes of importance:

Chronic  
Intermittent Nephritis

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 Dr. T. J. Sturgeon, M. D.

(Signed) J. Bredbeck (Address) 905 N. Jefferson Ave

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.

866

