

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.

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

Do not use this space.

MAY 7 1937

14550

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo** (No. **City Hospital #1**)

File No. **4016**
 Registered No. _____
 St. _____ Ward)

2. FULL NAME

Walter Robinson

(a) Residence, No. **3842 West Pine** St. **19** Ward.

(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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 4, 1887**

7. AGE YEARS **36** MONTHS **50** DAYS **1** If LESS than 1 day, hrs. **11** or min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. **Janitor**

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

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) **Shawnee, Oklahoma**

13. NAME **Eugene Robinson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Shawnee Okla.**

15. MAIDEN NAME **Caroline Davis**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Meridan Miss.**

17. INFORMANT **Mrs. Hattie Robinson** (ADDRESS) **3842 West Pine**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **April 17, 1937**

19. UNDERTAKER **E. L. Garner** (ADDRESS) **2829 Washington**

20. FILED **APR 17 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/14** 19**37**

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 **6:45 A.M.**

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

Compound fracture of both bones right leg, intercostal hemorrhage, from ruptured fibers, as result of being struck by a Plymouth coach driven by one. Edward Butler on 4/12/37 at about 6:20 A.M.

Other contributory causes of importance: *Deceased a pedestrian*

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? *Accident* Date of injury **4/12, 1937**

Where did injury occur? **St. Louis**
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
15.0 ft. South of West Pine on Vandeventer

Manner of injury **!!**
 Nature of injury **See Above**

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify **Alfred J. Perry** (Address) **Deputy Coroner** M. D.

