AUG 30 1937

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

Do not use this space.

28340

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Clayton — Primary Registration District No. 60389 — Registered No. 232
City Clayton Mo (No. St Louis Co Hospital St. Ward)

2. FULL NAME William Robinson
(a) Residence, No. 6148 Page, Wellston St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 3, 1874

7. AGE: YEARS 62 — MONTHS 11 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur
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): 6/29/37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

FATHER
13. NAME: Jerry Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Louise Harley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs Mildred Gillaspy 6148 Page Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cemetery DATE July 6, 1937

19. UNDERTAKER (ADDRESS): Geo L Pleitsch Inc. 5966 Easton Av

20. FILED 7/6, 1937 Dr A J Sigmoselli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 3, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, 19, to July 3, 1937, 19
I last saw him alive on July 3, 1937, 19 Death is said to have occurred on the date stated above, at 12 noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	Ind

51

Other contributory causes of importance:

Anemia	Ind
Hoarmoorhage	Ind

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? No
If so, specify
(Signed) Ralph D. Robinson, M. D.
(Address) St Louis Co Hosp

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.