

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Clayton Primary Registration District No. 60335
City Clayton (No. St. Louis Co. Hospital St. 258 Ward)

File No. 28362

2. FULL NAME

(a) Residence, No. 3227 Robbins overland St. Robbins overland Ward. Robbins overland
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1887
7. AGE YEARS 50 MONTHS 7 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Petterumaker
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) Sept. 1937 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
13. NAME Thomas H. Robbins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME May Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Florence Marie Robbins (ADDRESS) 3227 Royal

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE July 28, 1937

19. UNDERTAKER Baumgard Bros (ADDRESS) Overland

20. FILED July 28, 1937 D. D. Squawell Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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 1:45 A.M.

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

Struck by automobile while pedestrian on a public highway. Date of onset 7/24/37

Other contributory causes of importance: fractured skull. 7/24/37

Name of operation none Date of _____
What test confirmed diagnosis Spinal Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/24, 1937
Where did injury occur? Overland Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury struck by auto
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. H. Conroy, M.D.
(Address) Overland, St. Louis Co.

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.

