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

Do not use this space.

28967

1. PLACE OF DEATH SEP 10 1937

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS (No. 2409, BELLEGLADE St. ..... Ward)

File No. ..... Registered No. 7600

2. FULL NAME LOUIS ROBERSON

(a) Residence, No. 2409 BELEGLADE St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: ROSE ROBERSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPT. 6, 1855

7. AGE: YEARS 81 | MONTHS 11 | DAYS 2 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE
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): ST. GENEVIEVE MO

FATHER

13. NAME: C. ROBINSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS

MOTHER

15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — —

17. INFORMANT (ADDRESS): JOHN J. ROBERSON 4358 LABADIE

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. GENEVIEVE, MO DATE 8-14-37, 19

19. UNDERTAKER (ADDRESS): EMMETT TONEY CO 3436 LAWTON BLVD.

20. FILED AUG 11 1937 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1937, to Aug 8, 1937
I last saw him alive on Aug 8, 1937 Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Heart disease | Indef. |
| Other contributory causes of importance: | |
| Chronic nephritis | Indef. |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Work 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?
If so, specify .....
(Signed) J. W. Guy, M. D.
(Address) 4330 Easton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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