

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

Do not use this space.

SEP 10 1937

28983

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis** (No. 1)

Registration District No. **791**
Primary Registration District No. **1003**
City Hosp # **1**

File No.....
Registered No. **7616**
St. Ward)

2. FULL NAME **Lewis Robinson**

(a) Residence, No. **4956 McPherson Ave.**, **12** 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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 70 yrs.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 70 ?? ??

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

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) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Boston Mass**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **William E Randon** (ADDRESS) **4956 McPherson Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Catholic Cem** DATE **8/17** 1937

19. UNDERTAKER **Harrigan & Sheahan Und Co** (ADDRESS) **4415 Washington Blvd**

20. FILED **11** 1937
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/10/37** 19

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 **9:00** a.m.

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

Cardiac Hypertrophy
Date of onset

Other contributory causes of importance:
arterio sclerosis

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?.....
If so, specify.....

(Signed) **Joseph M. Quinn**
(Address) **Albany Colonel**

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.

FORM 11-22-36 X9314

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