

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

32286
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **8340**
 (c) City **St. Louis, Mo.,** (d) Street No. **Homer G. Phillips Hosp. at** St.
 (e) Length of residence in city or town where death occurred ? yrs. mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Major Robinson
 (a) Residence, No. **2120 Adam Street** St. **27**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt. 56

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Common Laborer**
 9. Industry or business in which work was done, as 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) **Miss.,**

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 (ADDRESS) **Dr. O. E. Massey**
2340 a Market Street

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Sept. 4, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Pinkie L. Toney**
3129 Lucas Avenue

20. **SEP 4 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sep. 3, 1937** 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 **8:15 A.M.**
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset
Arteriosclerosis
 Other contributory causes of importance:

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..... **See above**
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) **Joseph M. Quinn, M.D.**
 (Address) **Quinn**

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.

2435

STATEMENT BY LICENSED EMBALMER

I, Cliff Young, Licensed Embalmer No. 3371
hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self.
a L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Cliff Young
Licensed Embalmer No. 3371

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)