

N. B.—Every item of information should be carefully supplied. AGE stated EXACTLY. PHYSICIANS' record state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 14 1937

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

33090

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township 1003 Primary Registration District No. 9144
(c) City St. Louis (d) Street No. 2912 Dickson St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. (f) How long in U. S., If of foreign birth? 7 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

(a) Residence, No. 2912 Dickson St. St. 21
(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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21/1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. 0 min.
6 months

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

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) St. Louis
(STATE OR COUNTRY) Mo

13. NAME Joseph Robinson

14. BIRTHPLACE (CITY OR TOWN) Huntsville
(STATE OR COUNTRY) Alabama

15. MAIDEN NAME Mary Hammond

16. BIRTHPLACE (CITY OR TOWN) Huntsville
(STATE OR COUNTRY) Alabama

17. INFORMANT Agnes Dobson
(ADDRESS) 1427 No 10th St.

18. BURIAL, CREMATION, OR REMOVAL St. Louis DATE 9/25 1937

19. FUNERAL DIRECTOR Customers Board
(ADDRESS) W. Richter - 300 Ritten St.

20. FILED SEP 29 1937 St. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

, 1937, to 1937, 1937

I last saw him alive on Sept. 21 1937. Death is said

to have occurred on the date stated above, at 6:50 p.m.

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

Premature Birth
cause unknown

Other contributory causes of importance:

Name of operation 1st Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1937

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Alfred Perry

(Signed) Alfred Perry M. D.

(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)