

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.

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12911
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. Louis

Registration District No. 1003
Primary Registration District No.....
(d) Street No. St. Anthony Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 3515

(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 Chester L. Robison 129

(a) Residence, No. 3901 Cleveland Ave. St. 17
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sent. 15, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Penn.

FATHER 13. NAME James Robison

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT A. F. Fischer
(ADDRESS) 3901 Cleveland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fort Worth, Texas 4/15/38

19. FUNERAL DIRECTOR Cullen & Kelly
(ADDRESS) 1416 N. Taylor Ave.

20. FILED J. D. Budach
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13-38

22. I HEREBY CERTIFY, That I attended deceased from 4-10-38, 1938, to 4-13-38, 1938

I last saw him alive on 4-12-38, 1938. Death is said to have occurred on the date stated above, at 6:00 P.M.

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

Broncho Pneumonia
(left)
General Thoracic
Date of onset 4/10/38

Other contributory causes of importance:
None

Name of operation None Date of None
What test confirmed diagnosis Physical Exam Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938
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 None
(Signed) A. W. G. M. D.
(Address) 395 1/2 S. Grand St.

STATEMENT BY LICENSED EMBALMER

I, Clement McNeary, Licensed Embalmer No. 3732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Clement McNeary

Licensed Embalmer No. 3732

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.)