

REC'D MAY 10 1938

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

13278

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1008**  
 (c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** 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 **26** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3882**2. PRINT FULL NAME **John Robinson**

(a) Residence, No. **935 N 16th** St. **25**  
 (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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
**Separated**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 29, 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.)  
**49 5 29**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **331**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **P W A laborer**  
 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) **Mississippi**13. NAME **Ben Robinson**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**15. MAIDEN NAME **Parthenia Woods**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**17. INFORMANT **Evelyn Hilliard**  
(ADDRESS) **2601 N Whittier**18. BURIAL: CREMATION, OR REMOVAL PLACE **CITY CEMETERY** DATE **APR 27 1938**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Ira Hamilton**  
**City Health Dept**20. FILED **APR 27 1938** **J. F. Bradlock**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 28**, 19**37**22. I HEREBY CERTIFY, That I attended deceased from **June 16**, 19**37**, to **August 28**, 19**37**I last saw him alive on **August 28**, 19**37**. Death is saidto have occurred on the date stated above, at **4:45a. m.**

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

**Carcinoma of liver (primary)**Date of onset  
**6/15/37**Other contributory causes of importance: **H**Name of operation..... Date of.....  
What test confirmed diagnosis? **Clinical** 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.....

Nature of injury.....

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

If so, specify.....

(Signed) **J. F. Bradlock**, M. D.(Address) **2601 N Whittier**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**