

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

23457

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City..... (d) Street No. **Firmin DesLoge 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marvin Robinson **152**

(a) Residence, No. 1726 Preston Place St. **23**
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct., 4, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	41	9	4	

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

9. Industry or business in which work was done, as saw mill, bank, etc. unemployed

10. Date deceased last worked at this occupation (month and year) 1937 **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismarck **7**

13. NAME unknown **0**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri **0**

15. MAIDEN NAME Ann Robinson

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

17. INFORMANT Theresa Robinson
 (ADDRESS) 1726 Preston Place

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bismarck Mo. DATE 7-11-38

19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin
 (ADDRESS) 2301 Lafayette Ave

20. FILED 7-10-38, 19 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/8, 19 38

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1938, to 7/8, 1938
 I last saw him alive on 7/8, 1938 Death is said to have occurred on the date stated above, at 8:35pm.
 The principal cause of death and related causes of importance were as follows:

Cause of Death	Date of onset
<u>Nephrosclerosis due to arteriosclerosis.</u>	<u>Uncertain</u>
<u>Diabetes Mellitus</u>	<u>II</u>
<u>Hypertensive Vascular Disease</u>	<u>II</u>

Other contributory causes of importance:
59

Name of operation No Date of.....
 What test confirmed diagnosis? Autopsy 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....., 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 GO Brown M. D.
 (Signed) GO Brown
 (Address) 1325 S. Grand Blvd., St. Louis, Mo.

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.