

REC'D MAR 13 1939

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

5073  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003** Registered No. **1766**  
(c) City **Saint Louis** (d) Street No. **Peoples 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 **Addie Robinson**

(a) Residence, No. **4350 Cote Brilliante, Apt. 8 st.** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 18th 1908**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**30 11 4**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
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) **Arkansas City** (STATE OR COUNTRY) **Arkansas**

FATHER 13. NAME **Willie Wilson**

14. BIRTHPLACE (CITY OR TOWN) **Unavailable** (STATE OR COUNTRY) **Arkansas**

MOTHER 15. MAIDEN NAME **Unavailable**

16. BIRTHPLACE (CITY OR TOWN) **Mississippi** (STATE OR COUNTRY)

17. INFORMANT **Sam Robinson** (ADDRESS) **4350 Cote Brilliante Av.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **McGehee, Arkansas** DATE **2/25/39**

19. FUNERAL DIRECTOR (NAME) **Charles J. Gates** (ADDRESS) **4107 09 Finney Avenue**

20. FILED **FEB 28 1939** **J.P. Brudeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 22 1939**

22. I HEREBY CERTIFY, That I attended deceased from **February 2nd, 1939, to February 22nd, 1939**

I last saw h. or alive on **February 22nd, 1939**. Death is said to have occurred on the date stated above, at **4:30 p.m.**

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

**Toxic Exophthalmic Goiter**

Date of onset

**about 6 mos**

Other contributory causes of importance:

**Chronic Myocarditis**

Name of operation **Thyroidectomy** Date of **2/21/39**

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? **NO**

If so, specify .....

(Signed) **D. J. [Signature]**, M. D.

(Address) **3136 Chouteau Avenue**

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.

**STATEMENT BY LICENSED EMBALMER**

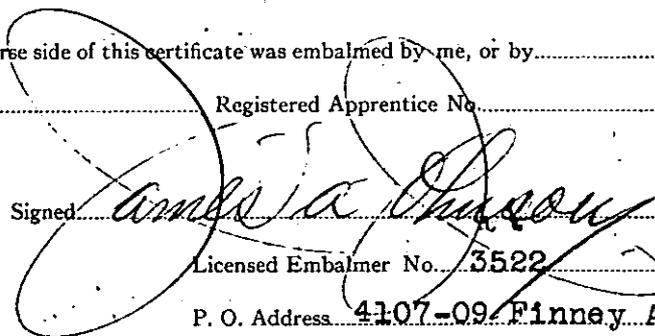
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**James A. Johnson**

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3522**

P. O. Address **4107-09 Finney Avenue**

**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.**