

1940

8 1940

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

Do not use this space.

44635

1. PLACE OF DEATH

County St. Louis Registration District No. 784 File No. \_\_\_\_\_  
Township Ballerwin Primary Registration District No. 200 Registered No. 2342  
City Ballerwin (No. 1) (Name Manchuta N. Home) St. \_\_\_\_\_ Ward)

2. FULL NAME

152 Joseph M. Robinson  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-16-1857  
7. AGE 83 YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
82 5 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, 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) \_\_\_\_\_

FATHER 13. NAME John Robinson

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

MOTHER 15. MAIDEN NAME Letitia Mitchell

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

17. INFORMANT R. Vogelbeck (ADDRESS) 1 Co. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 1/4/40

19. UNDERTAKER W. K. Kutta (ADDRESS) 3800 N. 1st St. St. Louis

20. FILED JAN 4 - 1940 R. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1939, to December 31, 1939  
I last saw him alive on December 31, 1939. Death is said to have occurred on the date stated above, at 5:45 P. m.  
The principal cause of death and related causes of importance were as follows:

Hemiplegia, Cerebral hemorrhage Date of onset 12-29-39

Other contributory causes of importance: 92C  
senile changes  
arteriosclerosis  
chronic myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical 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 none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) B. P. Loving, M. D.  
(Address) Ballerwin, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

JAN 4 1940  
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.

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
WASHINGTON, D. C. 20535  
MAY 10 1964



