

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

Do not use this space.

11289

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. 5148 Westminster)..... St. Ward)

File No.....
 Registered No. 2346.....

2. FULL NAME

Walter Moss Robinson
 (a) Residence, No. 5158 Westminster St. 12 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 <u>Male</u>	COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Virginia H. Robinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 28, 1850</u>		
7. AGE <u>82</u>	YEARS <u>3</u>	MONTHS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Supreme Justice Retired.</u>		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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Walter Robinson</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virg.</u>
	15. MAIDEN NAME <u>Anna Moss</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	17. INFORMANT (ADDRESS) <u>P. R. Robinson 5234 Westminster</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson City Mo. DATE March 11, 1933</u>	
19. UNDERTAKER (ADDRESS) <u>Muller and Co. 5165 Delmas</u>	
20. FILED <u>10 1933</u> 19 <u>W. C. Starkey</u> Registrar.	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1930 to Mar 10, 1933
 I last saw him alive on Mar 9, 1933 Death is said to have occurred on the date stated above, at 4:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Thrombosis left internal carotid (apoplexy) Date of onset 3-8-33
Arteriosclerosis Chronic General 6-1-30
 Other contributory causes of importance: 82 A 97

Name of operation..... Date of.....
 What test confirmed diagnosis Physical Ex 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) J. Curtis Lyke, M. D.
 (Address) France Bedg 5a-5198

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.

En. H. E. Dayton.

#527. Justice W. J.

Pa. 0198.