

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

Do not use this space.

30824

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **2134** **Morgan**)

File No.....  
Registered No. **8534** St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

**Arthur C. Robinson**  
(a) Residence, No. **3134 Morgan St.** St. \_\_\_\_\_ Ward **11**.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **7** 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 **Colored** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 7-1909**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**23 2 10**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. **Porter 245**  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Saratoga, Ark.**  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER **Dock Robinson**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Saratoga, Ark.**  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER **Bertha Williams**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Saratoga, Ark.**  
(STATE OR COUNTRY)

14. INFORMANT **Dock Robinson**  
(Address) **3134 Morgan St.**

15. FILED **SEP 22 1932** **May Starn**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 17, 1932**

17. I HEREBY CERTIFY, That I attended deceased from **July 26, 1932**, to **Sept. 17, 1932** that I last saw him alive on **Sept. 17, 1932** and that death occurred, on the date stated above, at **9:35 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Pulmonary Tuberculosis**  
**23A 23** (duration) yrs. **8** mos. ds.

CONTRIBUTORY (SECONDARY) **None** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. **At home, St. Louis**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF  
WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS **Stethoscopic**  
(Signed) **J. M. Tracy**, M. D.

**Sept. 1932** (Address) **3410 Franklin Ave.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Washington Park** DATE OF BURIAL **9/25 1932**

20. UNDERTAKER **Elmer E. Petter** ADDRESS **3030 Bell**

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.

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

