

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **Saint Louis** (No. **4315 Aldine Avenue**)

File No. **7068**  
Registered No. **1948**  
St. .... Ward)

2. FULL NAME **Anna L. Robinson**

(a) Residence, No. **4315 Aldine Avenue** St. **11** Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred **Unavailable** ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WHO WAS YOUR HUSBAND (OR) WIFE OF **Charles A. Robinson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown 1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. **Abt 44**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**  
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) **Waverly, Tennessee**

13. NAME **Unavailable**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

15. MAIDEN NAME **Sarah Robins**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Waverly, Tennessee**

17. INFORMANT (ADDRESS) **Chas A. Robinson 4315 Aldine Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Feb 26, 1934**

19. UNDERTAKER (ADDRESS) **Charles G. Natto 4107 Finney Avenue**

20. FILED **24 1934** Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 22, 19 34**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 16**, 19... to **Feb. 22**, 19... 34

I last saw her alive on **February 21**, 19... 34 Death is said to have occurred on the date stated above, at **4:55 A.M.**

The principal cause of death and related causes of importance were as follows:  
**Cerebral Hemorrhage** Date of onset

Other contributory causes of importance:  
**Acute Nephritis - Polyp**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 **James H. Stafford**, M. D.  
(Address) **925 North Jefferson Ave.**

WHITE PRINT, WITH UNFADING INK--THIS IS A PERMANENT RECORD

