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.

SEP 15 1936

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

Do not use this space.

File No. 32644
Registered No. 8517

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis (No. Peoples Hospital St. ..... Ward)

2. FULL NAME Blanche Robinson

(a) Residence, No. 3212 Pine Street, St., 21 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unavailable yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 ~~XXXXXXXX~~ (OR) WIFE OF Marion Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11th, 1888

7. AGE: Years 48 | Months 3 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) 1956

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Briscoe Missouri

FATHER

13. NAME Robert Overton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri

MOTHER

15. MAIDEN NAME Lucinda Guthrie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri

17. INFORMANT Raymond Cross
(ADDRESS) 3212 Pine Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Aug 17, 1936

19. UNDERTAKER Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED AUG 16 1936 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1936, to August 12, 1936
I last saw her alive on August 12, 1936 Death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	8 yrs.
Other contributory causes of importance:	
FIBROID UTERUS	IND.

50

Name of operation None Date of .....
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? XXXXXX 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) C. M. Jones, M. D.
(Address) Peoples Hospital