

NOV 4 1936

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

Do not use this space.

395337

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis, Mo. (No. CITY HOSPITAL NO. 2

File No.
Registered No. 10574
St. Ward)

2. FULL NAME Pinkie Robinson Caton

(a) Residence, No. 821 S. Langston St. n.p. Ward. Est. Louis Ill.
(Usual place of abode)

Length of residence in city or town where death occurred 5 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 Col.
 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) Sept. 27, 1912

 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 24 0 22

 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Ala.

13. NAME Will Robinson

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

15. MAIDEN NAME Mary Degraffenreid

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

17. INFORMANT (ADDRESS) Father, Maryo Sherard, 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis, Ill. DATE 10/21/36

19. UNDERTAKER (ADDRESS) J. E. O'Connell, 2945 Lawton Ave., St. Louis, Ill.

20. FILED OCT 21 1936 J. E. O'Connell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-19-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-2-36, 19....., to 10-19-36, 19.....

I last saw h. er. alive on 10-19-36, 19..... Death is said to have occurred on the date stated above, at 10:15 A. M.
The principal cause of death and related causes of importance were as follows:

TUBERCULOUS PNEUMONIA

Date of onset 10-2-36

Other contributory causes of importance: ---

Name of operation Date of
What test confirmed diagnosis? ----- Was there an autopsy? Yes23. 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 (Signed) J. Owen Bleeche, M. D.

(Address) 2945 Lawton

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.

