

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.

JUL 8 - 1937

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.....
 City **St. Louis**

Primary Registration District No. **21003**
 City Hospital No. **21003**

File No. **22020**

Registered No. **5772**

St. _____ Ward _____

2. FULL NAME **Robinson, Baby**
 (a) Residence, No. **1733 Carr St.**

St. **25** Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-3-** 19**37**

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

22. I HEREBY CERTIFY, That I attended deceased from **5-3-37**, 19____, to **5-3-**, 19**37**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **5-3-37**

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at **8:25** ^{am} **P.M.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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.....

Date of onset

5-3-37

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.** (STATE OR COUNTRY)

Stillborn

13. NAME **Ferdinand Robinson**

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

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

15. MAIDEN NAME **Helen Harris**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.** (STATE OR COUNTRY)

17. INFORMANT **Ruby Perdeau** (ADDRESS) **2945 Lawton**

18. BURIAL, CREMATION, OR REMOVAL **City Cemetery** PLACE DATE **June 12, 1937**

19. UNDERTAKER **J. Ryan** (ADDRESS) **City Infirmary**

20. FILED **JUN 19 1937**

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.....

(Signed) **Thomas C. Metzger**, M. D.

(Address) **2945 Lawton**

Registrar. **J. Bredeck**

000
 1
 2

