

UN 21 939

1939

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

23188
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 101 Registered No. 1098
 (c) City Clayton (d) Street No. St. Louis 201 Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Duval Robinson
 (a) Residence, No. 1320 Sheridan St. University City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 1868

7. AGE YEARS <u>70</u>	MONTHS <u>06</u>	DAYS <u>28</u>	IF LESS THAN 1 day, hrs. min.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Postal Telegraph

9. Industry or business in which work was done, as saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hagerstown Maryland

FATHER
 13. NAME John Robinson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
 15. MAIDEN NAME Elizabeth Kunkel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Alvina Robinson
 (ADDRESS) 1320 Sheridan St. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethel DATE 6-21-39

19. FUNERAL DIRECTOR Danneman Bros and Co
 (ADDRESS) overland mo

20. FILED JUN 21 1939 DR. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:20PM

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

Date of onset

Other contributory causes of importance:
Coronary sclerosis
Arterio sclerosis

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

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? NO
 If so, specify _____

(Signed) John Council M. D.
 Coroner of St. Louis County, Mo.
 (Address) _____

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)