

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

Do not use this space.
20906
~~21004~~

1. PLACE OF DEATH

County..... Registration District No. 721
Township..... Primary Registration District No. 1003
City St. Louis (No. City Hospital)..... St. Ward)

File No.
Registered No. 5720

2. FULL NAME

Fannie Robb
(a) Residence. No. 1402 Semple St. 6 Ward.
(Usual place of abode) (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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Leo B Robb

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>22</u>	<u>11</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Ills.
(STATE OR COUNTRY)

10. NAME OF FATHER Abe Waldberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Ky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ella Gough

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Mo
(STATE OR COUNTRY)

14. INFORMANT Leo B Robb
(Address) 1402 Semple

15. FILED 13 1930 at St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 19 30

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from.....
..... 19..... to..... 19.....

that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at 9:40 a.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
12-0
General Peritonitis following self induced abortion. (duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY).....
(duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRIBUTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John P. Kerley M.D.
6/12/30 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Waltham Cem. DATE OF BURIAL 6-14-1930

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St.

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.

