

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

Do not use this space.

27010

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis** (No. **City Hospital #1**) St. _____ Ward)

File No. _____
Registered No. **8215**

2. FULL NAME

William J. Robben
(a) Residence. No. **3445 Iowa Ave** St. **24** 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 Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed |
|-----------------------|----------------------------------|--|

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 9th 1882**

| | | | | |
|-----------|----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| 48 | 9 | 9 | 17 | |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **St Louis Mo**

10. NAME OF FATHER **Joseph Robben**

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

12. MAIDEN NAME OF MOTHER **Elizabeth Thion**

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

14. INFORMANT **Miss Louise Robben**

(Address) **3445 Iowa Ave**

15. FILED **27 1931** **W. C. Starkey** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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15. DATE OF DEATH (MONTH, DAY AND YEAR) **July 7th 1931**

17. **No Physician**
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 _____, 19____.

1865 THE CAUSE OF DEATH* WAS AS FOLLOWS:
1920 and chest shock & injuries. Crushed chest. Received when dynamite exploded in St. Louis Mo., CONTRIBUTORY (SECONDARY) while he was playing dynamite, premature explosion.

18. WHERE WAS DISEASE CONTRACTED **Accident**

IF NOT AT PLACE OF DEATH
8 **M. H. S.** DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **John M. Sweeney** M.D.

7/17, 1931 (Address) **St. Peter & Pauls**

*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 **St Peter & Pauls C.** DATE OF BURIAL **July 29 1931**

20. UNDERTAKER **J. H. Gelston L. & Co.** ADDRESS **2628 Brevoort**

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.

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