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.

JUN 19 1934

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

Do not use this space.

File No. 18736

Registered No. 5245

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Sybina Robbins

(a) Residence, No. 4529 Enright St. 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 - 1844

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
34	4	26	

OCCUPATION

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

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) Texas

FATHER

13. NAME Joseph R. Peon

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

MOTHER

15. MAIDEN NAME Hannah O'Connor

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

17. INFORMANT Henry H Robbins
(ADDRESS) 4529 Enright

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE May 26 1934

19. UNDERTAKER Fred M Williams
(ADDRESS) 4535 Washington

20. FILED May 25 1934 J. W. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/3 1934 to 5/24 1934

I last saw he alive on May 24 1934. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

	Date of onset
Septicemia - streptococcus	5/13/34
Cause Unknown	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) A. J. Signorelli, M. D.

(Address) 1829 Pine

(SIGNORELLI)

Dr. Sigmond