

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

Do not use this space.

DEC 26 1934

44154

1. PLACE OF DEATH 1012 S. 4th. St.

County St. Charles

Registration District No. 757

Township St. Charles

Primary Registration District No. 3036

City St. Charles

(No. 1012, South 4th. St.)

File No. _____

Registered No. 718

St. _____ Ward _____

2. FULL NAME Joseph Robine

(a) Residence, No. 1012 S. 4th. St. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 10 mos. 9 ds. How long in U. S., if of foreign birth 78 yrs. 10 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1934

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

22. I HEREBY CERTIFY, that I attended deceased from Nov. 6, 1934, to Dec. 11, 1934

I last saw him alive on December 10, 1934. Death is said to have occurred on the date stated above, at 5 A. M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 10 9

Carcinoma of prostate Date of onset ?

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

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) not for 6 yrs 11. Total time (years) spent in this occupation. 25 yrs

Other contributory causes of importance:

Bronchopneumonia 12/7/34
Ventral Hernia 20 yrs
Atherosclerosis + rigidity ?

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

13. NAME Frank Robine

Name of operation Prostatectomy Date of 11/24/34

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alzas Lorain Germany

What test confirmed diagnosis? Clinical Was there an autopsy? no

15. MAIDEN NAME Barbara Bidlingmeyer

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden, Baden, Germany

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. A. Allrich (ADDRESS) _____

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cemetery DATE Dec 14, 1934

19. UNDERTAKER Steinbrinker Undertaking Co (ADDRESS) 305 N. Main St.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) Ralph O. Hayden, M. D.
(Address) St. Charles, Mo.

20. FILED 17/12, 1934 Clarence J. Husley Registrar

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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