WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

44646

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11751

City St Louis (No. 3736 Oregon ave St. ..... Ward)

2. FULL NAME John Henry Robbin

(a) Residence, No. 3736 Oregon ave St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 14th 1896

7. AGE: YEARS 38 MONTHS 6 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Window Designer
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): 2 yrs. ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER
13. NAME: Bernard Robbin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): London England

MOTHER
15. MAIDEN NAME: Agnes Heidemann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Esther Robbin 3736 Oregon ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hiram Cemetery DATE: 12 - 13 34

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4128 So Kingshighway

20. FILED ..... 19 ..... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12 + 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to Dec, 10, 1934
I last saw him alive on Dec 10, 1934 Death is said to have occurred on the date stated above, at 7:16 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
10	
10	
Other contributory causes of importance:	
Acute Lobar Pneumonia	12/9/34

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) G O Wilhite, M. D.
(Address) 4160 Humphrey St.

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