

NOV 23 1936

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

Do not use this space.

42089

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. \_\_\_\_\_  
Township Carondelet Primary Registration District No. 6248C Registered No. 434  
City Lakewood, Mo. (No. \_\_\_\_\_) 7742 Clevedon Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Anton A. Robert

(a) Residence, No. 7742 Clevedon Avenue St. \_\_\_\_\_ 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 Emma Robert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 4, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 0 19

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International Shoe Co.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri  
(STATE OR COUNTRY)

13. NAME Henry Robert

14. BIRTHPLACE (CITY OR TOWN) Unknown Germany  
(STATE OR COUNTRY)

15. MAIDEN NAME Louise Bertram

16. BIRTHPLACE (CITY OR TOWN) Unknown Germany  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Louise Crawford  
(ADDRESS) 7744 Clevedon Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park Cem. DATE Dec. 26, 1936

19. UNDERTAKER Wm. J. Robert  
(ADDRESS) 1905 S. Grand Blvd.

20. FILED Dec 24, 1936 G Mowrey  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1936 to Dec 23, 1936

I last saw him alive on Dec 22, 1936 Death is said to have occurred on the date stated above, at 6 P m.

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

Proximal pathus  
Myocarditis chronic

Date of onset \_\_\_\_\_

Other contributory causes of importance: 438

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? Yes

If so, specify \_\_\_\_\_

(Signed) M. W. Zumbach, M. D.

(Address) 4738 Bessie 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.

