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.

FEB 8 1937 791

Registration District No. 1003

Primary Registration District No.

File No. 3826

Registered No. 863

1. PLACE OF DEATH

County 96

Township 30

City 9 St. Louis (No. Lutheran Hospital St. Ward)

2. FULL NAME Edward Albert Robitsch

(a) Residence, No. 930 Evans Ave. St., nR Ward. Kirkwood, Missouri.
(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)
Male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21, 1921.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	4	28	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kirkwood High School

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 (STATE OR COUNTRY) Missouri

FATHER

13. NAME John Robitsch

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

MOTHER

15. MAIDEN NAME Laura Jeschke

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

17. INFORMANT Mrs. Laura Robitsch (ADDRESS) 930 Evans ave. Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Cem. DATE Jan. 23, 37

19. UNDERTAKER C. Hoffmeister U.&L. Co. (ADDRESS) 7814 S. Broadway

20. FILED JAN 20 1937, 19 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to Jan 19, 1937, I last saw him alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 1.30 P. M.

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

	Date of onset
Pernardial Effusion	1-13-37
Empyema left Lung	1-13-37
108	

Other contributory causes of importance:

Lobar Pneumonia Jan 6-1937

Name of operation Intercostal Drainage of Lung Date of 1-15-37

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? No

If so, specify

(Signed) C. E. Barnett, M. D.

(Address) 209 Studd Rd Kirkwood Mo

209 S. Kirkwood