

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Park Lane Memorial Hospital**) St. **2718** Ward)

2. FULL NAME **Caroline Robben**
(a) Residence, No. **4334 S. Compton Ave.** St. **15** Ward. (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 Female	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 William Robben				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21st. 1892.				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	44	5	16	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife				
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) St. Louis, Mo.				
13. NAME Herman Norrenberns				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany				
15. MAIDEN NAME Pauline Vogeding				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.				
17. INFORMANT William Robben (ADDRESS) 4334 S. Compton Ave.				
18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter-Paul DATE Mar. 10th. 1937				
19. UNDERTAKER Wacker-Helderle (ADDRESS) 2331 S. Broadway				
20. MAR 9 1937 19..... J. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March, 7th. 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 12**, 193, to **March 7**, 1937.
I last saw **her** alive on **Mar 7**, 1937. Death is said to have occurred on the date stated above, at **7 P.M.**
The principal cause of death and related causes of importance were as follows:
Just Obstruction
Date of onset

Other contributory causes of importance:
Just Obstruction

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?
If so, specify
(Signed) **W. J. J. J.** M. D.
(Address) **3024**

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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