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 File No. 10338

Township ..... Primary Registration District No. 1003 Registered No. 2909

City ST. LOUIS CHILDREN'S HOSPITAL (No. ..... , ST. LOUIS MISSOURI St. ..... Ward)

2. FULL NAME ROBIN HEILIGENSTEIN

(a) Residence, No. 143 S. Virginia St., nR Ward. 2 Belleville, Ills.
(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):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-5-36

7. AGE: YEARS | MONTHS: 5 | DAYS: 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Child

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): Belleville, Ills.

FATHER

13. NAME: C.A. 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Maude Dixon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): I. Blum, 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Belleville DATE: Mar 16 1937

19. UNDERTAKER (ADDRESS): Geo Renner Renner - Gunion Bugman Belleville Ills

20. FILED: MAR 15 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-13-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-5-37, 19..., to 3-13-37, 19...

I last saw him alive on 3-13-37, 19... Death is said to have occurred on the date stated above, at 7 10 p.m.

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

Broncho-pneumonia

Date of onset

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Other contributory causes of importance:

Tracheo bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Ralph N. Barlow, M. D.

(Address) 500 So. Kingshighway

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.