

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.

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 790 File No. 13405  
Township St. Clayton Primary Registration District No. 6033<sup>2</sup> Registered No. 7<sup>3</sup>  
City St. Louis (No. St. Louis County Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Robert Edward Robyn

(a) Residence, No. 3116 Bartold Ave. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
26 10 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator  
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) Maplewood (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Adolph Robyn

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

MOTHER 15. MAIDEN NAME Bertha Meyer

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

17. INFORMANT Adolph Robyn (ADDRESS) 3116 Bartold Ave., Maplewood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetary DATE March 9, 1937

19. UNDERTAKER Jay B. Smith Funeral Home (ADDRESS) 7456 Manchester Ave., Maplewood, Mo.

20. FILED 3/8, 1937 Dr. A. J. Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5<sup>30</sup> p.m.

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

Accidental Traumatism Date of onset 3/6/37  
from fractures

Other contributory causes of importance:  
Perforation of Abdomen,  
Stomach & Colon

Name of operation Lepidotomy Date of injury 3/6/37  
What test confirmed diagnosis? PHYSICAL EXAM. 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 3/6, 1937

Where did injury occur? MAPLEWOOD, MO. (Specify city of town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
IN HOME  
Manner of injury Shot - gun discharged.  
Nature of injury Perforation Abdomen

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) John S. Bourice, M. D.  
(Address) Laver & Lewis County

