

DEC 13 1937

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

39159
Do not use this space.

791 2
1003

Registered No. 10146

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 2419 S. 4th. St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Benjamin Robben

(a) Residence, No. 2419 S. 4th. St. St. 23 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1st., 19 37

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1937, to Nov. 1, 1937
I last saw him... alive on Nov. 1, 1937. Death is said to have occurred on the date stated above, at 10.50 A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 23rd, 1888.
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49 3 9

Date of onset Nov. 1
Chagacantho rhombic
Other contributory causes of importance: cirrhosis of Liver

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Huckster
9. Industry or business in which work was done, as 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 William Robben

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mary Robben (ADDRESS) 2419 S. 4th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter-Paul DATE Nov. 4th., 19 37

19. FUNERAL DIRECTOR Wacker-Helderle (ADDRESS) 2636 Broadway

20. FILED Nov. 26 1937 J. T. Brebeck Local Registrar.

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) Joseph Hill, M. D.
(Address) 3636 26th 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.

6338

STATEMENT BY LICENSED EMBALMER

I, Frank J. Myland, Licensed Embalmer No. 2645
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E. No. 2645 or by _____ Registered Apprentice No. _____
working under my personal supervision. Signed Frank J. Myland
Licensed Embalmer No. 2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)