

REC'D FEB 10 1939

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

171

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... 2 Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City <sup>or</sup> St. Louis, Mo. / (d) Street No. 1323a S. Boyle 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME <sup>100</sup> Martha Robb

(a) Residence, No. 1323a S. Boyle St. 18 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe male	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 Edward Robb		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1859		
7. AGE YEARS 79	MONTHS 8	DAYS 22
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife	
	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) Ireland		
FATHER	13. NAME ? Lackey	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland	
MOTHER	15. MAIDEN NAME Isabelle McCracken	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland	
17. INFORMANT (ADDRESS) Sadie Ames 1323a S. Boyle		
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 1/5/39		
19. FUNERAL DIRECTOR (NAME) Edith Ambruster (ADDRESS) 4234 Manchester		
20. FILED JAN 5 1939 J. B. Bredner Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/2/39, 1938

22. I HEREBY CERTIFY That I attended deceased from Dec 24 1938 to Jan 2 1939. I last saw her alive on Jan 2 1939. Death is said to have occurred on the date stated above, at 10:45 AM. The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis Date of onset

Other contributory causes of importance:  
Infirmitiy of old age

Name of operation None Date of .....

What test confirmed diagnosis? None 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 ....., 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) W. Mark Sherman M. D.  
(Address) 4238 Manchester Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

*Florenz Eymck*

Licensed Embalmer No. ....

*1284*

P. O. Address.....

*St Louis Mo*

**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.)**

**If this body is not embalmed, above space should be left blank.**