

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

6561

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
 (b) Township..... Primary Registration District No. 4182 Registered No.....
 (c) City Hermann or (d) Street No. 115 N. Second 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 62 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LYON ERNEST ROBYN

(a) Residence, No. 115 N. Second St. (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 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 Rosa Kobyn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired banker
 9. Industry or business in which work was done, as saw mill, bank, etc. bank
 10. Date deceased last worked at this occupation (month and year) 4-32 11. Total time (years) spent in this occupation 43

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

FATHER 13. NAME Henry Kobyn

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

MOTHER 15. MAIDEN NAME Alvina Angelrodt

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

17. INFORMANT Mrs. Rosa Kobyn (ADDRESS) Hermann, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann City Cemetery DATE 2-4-40 19.

19. FUNERAL DIRECTOR (NAME) Hugo H. Blumer (ADDRESS) Hermann, Mo

20. FILED 2-3-40 19. 40 Anna K. Riedhoff Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1940

22. I HEREBY CERTIFY That I attended deceased from Sept. 9, 1938 to Feb. 2, 1940, 19.

I last saw him alive on February 1, 1940. Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Carcinoma of Liver

Date of onset 1938

Other contributory causes of importance:

Name of operation none Date of.....

What test confirmed diagnosis?..... 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) H. Keasling, M. D.

(Address) Hermann, MO.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Hugost Glunier

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.