V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8617

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2100

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis Mo

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Bowling Green NR (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Albertos Robey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Florence Robey

6. (c) Age of husband or wife if alive UNK years

7. Birth date of deceased July (Month) 22 (Day) 1871 (Year)

8. AGE: Years 68 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Lincoln Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Mill & Feed

FATHER
12. Name Lloyd Robey
13. Birthplace dont know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Mudd
15. Birthplace Lincoln Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Albertas Robey

(b) Address Bowling Green Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-40 (Month) (Day) (Year)

(c) Place: burial or cremation Troy Cemetery

18. (a) Signature of funeral director Grace Bentehead

(b) Address Bowling Green, Mo

19. (a) (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MAR 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1940 hour 7 35 minute P M.

21. I hereby certify that I attended the deceased from Feb. 20, 1940, to Feb. 24, 1940, that I last saw him alive on Feb. 24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mesenteric Thrombosis - & gangrene of ileum -	48 hrs.
Due to Generalized arteriosclerosis -	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations gangrene of ileum S'
Of autopsy (none)

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joe M Parker (M. D. or other) MD

Address BARNES HOSPITAL Date signed 2/24/40

(Licensed Embalmer's Statement on Reverse Side)

2100

2100

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 Grace Banfield

Licensed Embalmer No. 2204

P. O. Address Bowling Green 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.