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No. 2
4-13-40
5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

8555
1965

Registration District No. 791

Primary Registration District No.

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Missouri

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days
(Specify whether years, months or days)

In this community 71 yrs. 5 mos. 12 das

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2522 W. Hebert St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME Louis Robbe

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Christina Robbe

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

7. Birth date of deceased July 15, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71	5	12	hr. min.
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9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Broom maker

11. Industry or business

12. Name Bernard Robbe

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard Robbe

(b) Address 2522 W. Hebert St.

17. (a) burial (b) Date thereof Mar. 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calyary Cemetery

18. (a) Signature of funeral director Walter J. ...

(b) Address 2228 St. Louis Ave

19. (a) MAR 2 1941 (b) J. T. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th,
year 1941 hour 2 minute 47 P.M.

21. I hereby certify that I attended the deceased from 2/12/41
19... to 2/27/41 19...
that I last saw h. Im alive on 2/27/41 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Strictures of Urethra & Hydro Pyonephrosis

Due to Broncho Pneumonia

Due to Bilateral Inguinal Hernia

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy As Above

PHYSICIAN J. T. Bradeck

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? At home
(City or town) (County) (State)

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

While at work? At home
(Specify type of place) (e) Means of injury

23. Signature J. T. Bradeck (M. D. or other)
Address 1515 Lafayette Date signed 2/27/41

(Licensed Embalmer's Statement on Reverse Side)

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

0
7
9

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

Charles Goodhart

Licensed Embalmer No. *2777*

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, fact should be so stated above.