

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3314a Humphrey St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Life years, months or days) (Specify whether

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") 1677  
(d) Street No. 3314a Humphrey St. (If rural, give location) 9  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Kate Robneck

3. (b) If veteran, name war. ---- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased February 22, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 2 22 hr. min.

9. Birthplace St. Louis 0 Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Fairchild  
(b) Address 3314a Humphrey St.

17. (a) Burial (b) Date thereof 5/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Wacker-Helderk  
(b) Address 2331 S. Broadway

19. (a) MAY 14 1941 (b) J. T. Br...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from DECEMBER 22 1940 to MAY 13 1941;  
that I last saw her alive on MAY 12<sup>th</sup> 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death enteritis  
due to home care of Saline Duration 5 days

Due to Bronchitis Chronic Non Tubercular Acute Bronchitis  
12/22-40  
12-13-40

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 106 Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Eud W Rolling MD (M. D. or other) D  
Address 2125 Sidney St Date signed 5-13-41

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

**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 Robert Wheeler  
Licensed Embalmer No. 2128  
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.**