

No. 2
4-13-40
-17-39
1 X23159

STANDARD CERTIFICATE OF DEATH

State File No. 29808

FILED OCT 18 1941

1003

Registration District No.

Primary Registration District No.

Registrar's No. 2146

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 _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Henry George Robben

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

7. Birth date of deceased August 28 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months _____ Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Don't know

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

14. Maiden name Don't know (City, town, or county) (State or foreign country)

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

16. (a) Informant George Behnen

(b) Address 2719 Gravois

17. (a) Burial (b) Date thereof 9/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director John H. Behnen
(b) Address 2630 Gravois

19. (a) SEP 3 1941 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 23 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2719 Gravois
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1
year 1941 hour 8: minute _____ p. a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Strangulation due to Hanging; suffered when deceased was found hanging by the neck from the transom between the kitchen and bedroom at his home 2719 Gravois Ave., on Sept. 1st, 1941, at about 10:00 P.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings: 165
Of operations _____
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) Suicide

(b) Date of occurrence Sept. 1, 1941

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
(Specify type of place)
While at work? _____ Means of injury _____

23. Signature Alfred Perry (M. D. or other) 3
Address 2719 Gravois Date signed 9/3/41

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

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MOTHER FATHER

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 H. Gulken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Av.

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.