

FILED FEB 24 1942
731

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

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

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME Dale L. Robbins

3. (b) If veteran, name war None

3. (c) Social Security No. 490-01-5260

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Corinne Robbins

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June 23rd 1902
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
39	6	13		

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

10. Usual occupation Buyer at Rapps Market

11. Industry or business _____

12. Name Walter Robbins

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

14. Maiden name Martha Tubbs

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

16. (a) Informant Corinne Robbins

(b) Address 3134 Leola St.

17. (a) Burial (b) Date thereof 1-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director: Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) Jan 9 1942 (b) J. F. Medeiros
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis

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

(d) Street No. 3134 Leola St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
year 1942 hour 2:15 minute A.M.

21. I hereby certify that I attended the deceased from Jan 4 - 1942 to Jan 5 - 1942
that I last saw him alive on Jan 4 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: hemorrhage from Peptic Ulcer.

Due to _____

Due to _____

Other conditions 117 a
(Include pregnancy within 3 months of death)

Major findings: yes - Bleeding Ulcer + obstruction

Of autopsy _____

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

(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 A. J. Pruet (M. D. or other) _____
Address 6006 Va. Ave Date signed 1-6-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Dr. D.S. Pruett
60006 LIA general etc 1000

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 Rinhold T. Lehmann
Licensed Embalmer No. 3398
P. O. Address.....

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.