

REG. MAR 20 1943 318

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:
Mo. Pacific Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limits, write "RURAL")
(d) Street No. 605 St. Louis St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lonzo Robbs

3. (b) If veteran, name war.....
(c) Social Security No. 702-14-7298

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Robbs
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased January 2 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 2 3 hr. min.

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

10. Usual occupation Car Helper

11. Industry or business.....

MOTHER FATHER
12. Name William Robbs
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Maie Hull
15. Birthplace Ironton Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Robbs

(b) Address DeSoto, Mo.

17. (a) Burial (b) Date thereof 3/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo.

18. (a) Signature of funeral director Albert H. Honne Inc

(b) Address 4700 Washington Blvd.

19. (a) MAR 0 (b) J. J. Buresh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1943 hour 10 minute P M.

21. I hereby certify that I attended the deceased from
7-20 1942 to 3-5-43 19.....
that I last saw h. 1 m. alive on 3/5/43 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Aganulocytosis
Duration 8 months

Due to.....
Due to.....

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

Major findings:
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).....
(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) (2) Means of injury

23. Signature Charles C. Duach (M. D.)
Address Mo. Pacific Hospital Date signed 3/5/43

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

59825

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 Albert H Hoppe
Licensed Embalmer No. 1861
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.