

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED MAY 2 1946
Registration District No. **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:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3947 Cleveland Avenue
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John F. Robb
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 Divorced
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased November 20, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 4 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Clothing

12. Name John Robb

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

14. Maiden name Martha Nevins

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

16. (a) Informant Florence Robb

(b) Address 3947 Cleveland Avenue

17. (a) Burial (b) Date thereof April 26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pana, Illinois

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 So. Grand Blvd.

19. (a) APR 25 1946 J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1946 hour 1:30 minute a.m.
21. I hereby certify that I attended the deceased from Jan., 1946
to April 24, 1946
that I last saw him alive on April 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 2 days

Due to Carcinoma of lung (Rt.) 1 year
(right pneumonectomy)

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of lung

Of autopsy.....

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 Walter Jukolske (M. D. or other) M.D.

Address 462 N. Taylor Ave. Date signed 4/25/46

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Harry A. Stewart

Licensed Embalmer No.....

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.