S. No. 2
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P I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25662

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 6211

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

24511

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: Evan Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs 5 min (Specify whether
In this community 0
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. 3956 Dunnica
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME — Robitshek

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased July (Month) 12 (Day) 1946 (Year)

8. AGE: Years | Months | Days | If less than one day 6 hr. 05 min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Melvin Francis Robitshek
13. Birthplace St Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Ruth Leah Schweig
15. Birthplace New York (City, town, or county) New York 1 (State or foreign country)

16. (a) Informant Melvin Robitshek
(b) Address 3956 Dunnica

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/13/46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blvd

19. (a) JUL 15 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12
year 1946 hour 8:10 minute P. M.

21. I hereby certify that I attended the deceased from 1:55 P.M. 7-12-1946, to 8:10 P.M. 7-12-1946; that I last saw him alive on 7-12-1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Non Viability - 26 weeks gestation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other)

Address 634 N. Grand Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

6211

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.....

Not Embalmed

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, N

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.