

FILED JUL 26 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6210**

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:
Even Deaconess Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 hrs. 18 min.**
(Specify whether
In this community **-**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **00**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **16**
(d) Street No. **3956 Dunnic**
(If rural, give location) **0**
(e) Citizen of foreign country? (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 **Female** 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 **12** years (Day) **1946** (Year)

7. Birth date of deceased **July** (Month) **12** (Day) **1946** (Year)
8. AGE: Years Months Days If less than one day **6 hr. 18 min.**

9. Birthplace **St. Louis** (City, town, or county) **Mo. (1)** (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER } 12. Name **Robitshek Mr. Melvin Francis**
13. Birthplace **St. Louis** (City, town, or county) **Missouri (1)** (State or foreign country)
14. Maiden name **Schwartz Ruth Leah**
15. Birthplace **New York City** (City, town, or county) **N.Y. (1)** (State or foreign country)

16. (a) Informant **Mr. Melvin Robitshek**
(b) Address **3956 Dunnic**

17. (a) **Cremation** (b) Date thereof **7/13/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ogden Bros. Crematory**
18. (a) Signature of funeral director **J. F. Bradeck**
(b) Address **7233 Delwood Blvd**

19. (a) **JUL 15 1948** (b) **J. F. Bradeck**
(Date of filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **12**
year **1946** hour **8** minute **P.M.**
21. I hereby certify that I attended the deceased from **1:42 P.M.**
7-12-1946 to **8:00 P.M.** **7-12-1946**
that I last saw **her** alive on **7-12-1946**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Non-Viability - 26 wks gestation**
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
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 **L. J. D'Arment** (M. D. or other)
Address **634 E. Mond** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

Not Embalmed

Signed *Raymond L. Morris*
Licensed Embalmer No. *4330*
P. O. Address *Maplewood, Mo*

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.