

No. 2
5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35540

FILED NOV 7 1946
318

State File No. _____

Registration District No. _____ Primary Registration District No. _____

Registrar's No. 9153

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:
5203 Wells Ave.
(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 _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert A. Robidoux,

3. (b) If veteran, name war No 3. (c) Social Security No. 994-26-3314

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

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

7. Birth date of deceased January 30 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>7</u>	<u>25</u>	hr. min.

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

10. Usual occupation Time Keeper

11. Industry or business Iron Works

12. Name Mark Robidoux

13. Birthplace Amherst burg Canada
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Groblichoff

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

16. (a) Informant Miss Jennie Robidoux,

(b) Address 5203 Wells Ave.

17. (a) Burial (b) Date thereof 10-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 3320 N. Kingshighway Blvd.

19. (a) OCT 26 1946 J. P. Brede
(Date received local registrar) (Registrar's signature)

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. 5203 Wells Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1946 hour 6 minute 0

21. I hereby certify that I attended the deceased from July 20 to
1246 to Oct. 25 - - 1946
that I last saw him alive on Oct. 19 - - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of the myocardium. Duration _____

Due to myocarditis

Due to Acute Stenosis
dilatation of myocardium

Other conditions family
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none

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) no

(b) Date of occurrence _____

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? _____
(Specify type of place) (e) Means of injury

Signature J. P. Murphy M.D. (M. D. or other) _____

Address 2220 N. Kingshighway Blvd Date dictated 10-25-46
St Louis, Mo.

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

34430

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.....

Fred Frick

Licensed Embalmer No. 3186.....

P. O. Address St. Louis, 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.