

No. 2
-12-45
-17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19295

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5205**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2728a Texas Ave. /
(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:

Missouri *000*

(a) State **Missouri** (b) County.....

(c) City or town **St. Louis** *17*
(If outside city or town limits, write "RURAL")

(d) Street No. **2728a Texas Ave.** *9*
23 (If rural, give location) *0*

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

If yes, name country.....

3. (a) PRINT FULL NAME **Henry J. Robben**

3. (b) If veteran, name war.....

3. (c) Social Security No. **492-09-8632**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** **24th** day
year **1947** hour **5,45** minute **5,4P** M.

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

6. (b) Name of husband or wife **Elizabeth** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **April 12 1890**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 24** 1947 to **May 24** 1947, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis** *290g*

8. AGE: Years **57** Months **1** Days **12** If less than one day
hr. min.

Due to **Bad teeth**

Due to **9/4**

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

10. Usual occupation **Upholterer - Foreman**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

11. Industry or business

12. Name **Joseph Robben**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Thien**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Robben**

(b) Address **2728a Texas Ave.**

17. (a) **Burial** (b) Date thereof **5/28/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Resurrection Cemetery**

18. (a) Signature of funeral director **J. F. Brudeck**
2630 Groves Ave.

(b) Address **MAY 26 1947**

19. (a) (Date received local registrar) (b) **J. F. Brudeck** (Registrar's signature)

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?.....

(Specify type of place)

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

23. Signature **Robert J. ...** (M.D. or other) *5/26/47*

Address **2844 ...** Date signed **5/26/47**

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

working under my personal supervision.

Signed

Robert L. Gebken

Registered Apprentice No.

Licensed Embalmer No.

4144

P. O. Address

2630 *Quincy*

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.