

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39219

State File No. 9487

318

1003

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. _____  |  | Registrar's No. <b>9487</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR <b>St. Louis</b>   |  | c. LENGTH OF STAY (in this place) _____   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR <b>St. Louis</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>75-4510a Minnesota Av.</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>4510a Minnesota Av.</b>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>75-4510a Minnesota Av.</b>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Elizabeth</b>  |  | b. (Middle) <b>Mary</b>   |  | c. (Last) <b>Robben</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>November 1, 1949</b>   |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>   |  | 8. DATE OF BIRTH <b>May 14, 1876</b>   |  |
| 9. AGE (In years last birthday) <b>73</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b>  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Bollinger County, Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>Unknown</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Herman B. Robben</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>John B. Robben 4510a Minnesota Av.</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Embolism</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Myocarditis etc.</b><br>DUE TO (c) <b>Arricular Fibrillation</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Nephritis Glomerular</b> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b><br><b>3 yrs.</b><br><b>3 yrs.</b><br><b>2 yrs.</b>  |  |
| 19a. DATE OF OPERATION<br><b>none</b>   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>none</b>   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>95</b>  |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br><b>none</b>   |  |   |  | 22. I hereby certify that I attended the deceased from <b>Oct 3, 1949</b> , to <b>Nov. 1, 1949</b> , that I last saw the deceased alive on <b>Nov. 1, 1949</b> , and that death occurred at <b>2 P. m.</b> , from the causes and on the date stated above. |  |
| 23a. SIGNATURE (Degree or title)<br><b>Mrs. J. B. Lasater</b>   |  | 23b. ADDRESS<br><b>2767 Harris Ave</b>  |  | 23c. DATE SIGNED<br><b>11-2-49</b>  |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24b. DATE<br><b>Nov. 4, 1949</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cemetry</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>NOV 3 1949</b>   |  | REGISTRAR'S SIGNATURE<br><b>J. B. Lasater</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Gebken-Benz Mortuary 2842 Meramec St.</b>  |  |  |  |

WRITE PLAINLY—USING 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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Loren E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

St. Louis, 18 Missouri

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.