

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**23370**

State File No. ....

No. 300  
10.48

**FILED JUN 26 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 1598

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

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <b>St. Louis</b>		c. LENGTH OF STAY (If in place) <b>2 Yrs.</b>	a. STATE <b>Mo.</b>		b. COUNTY <b>St. Louis</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>		c. CITY OR TOWN <b>Overland</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2336 Wengler Ave.</b>			e. STREET ADDRESS (If rural, give location) <b>2336 Wengler Ave. 427 1/2</b>		
<b>3. NAME OF DECEASED</b>		a. (First) <b>EMMA</b>	b. (Middle) <b>G.</b>	c. (Last) <b>ROBBE</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 7 1953</b>
(Type or Print)					
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 24, 1884</b>	<b>9. AGE</b> (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days
					IF UNDER 24 HRS. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housework</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>At Home</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Belleville, Ill.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>Franz Meyer</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Margaret Meyer</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>John William Robbe</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>John William Robbe</b>		
			<b>ADDRESS</b> <b>2336 Wengler Ave.</b>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adeno Carcinoma of left breast</b>			<b>Dec 8/50</b>
		ANTECEDENT CAUSES (b) <b>g general metastases</b>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Carcinoma of Uterus:</b>			<b>?</b>
		II. OTHER SIGNIFICANT CONDITIONS (d) <b>Diabete Mellitus</b>			<b>?</b>
		Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>None</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
					<b>174X</b>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <b>St Louis</b>		<b>(COUNTY)</b> <b>Mo</b>
					<b>(STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from <u>Dec 8, 1950</u>, to <u>June 7, 1953</u>, that I last saw the deceased alive on <u>June 5, 1953</u> and that death occurred at <u>3:08 A.M.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <i>Max Stauffert MD</i>			<b>23b. ADDRESS</b> <b>512 Dew Pl</b>		<b>23c. DATE SIGNED</b> <b>6/8/53</b>
		(Degree or title)			
<b>24a. BURIAL, CREMATION REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Jun. 10, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>6-9-53</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Herkert R. ...</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Address</b> <b>Briegshauser 4228 S. Kingshighway Bl.</b>	

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edwin A. M. Gerhardt*.....

Licensed Embalmer No. *3024*

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.