

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015580
State File No. 2-3596

FILED MAY 6 1959

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Nashville</i>	
c. LENGTH OF STAY (in this place) <i>12 hrs.</i>		d. STREET ADDRESS (If rural, give location) <i>301 N. Main St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Pacific S. Grand Ave</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Paul</i>		b. (Middle) <i>B.</i>	
c. (Last) <i>Robeneck</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Apr. 9, 1959</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct. 15, 1886</i>
9. AGE (In years last birthday) <i>72</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Physician</i>	11. BIRTHPLACE (State or foreign country) <i>Nashville Ill.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Fred Robeneck</i>	
13b. MOTHER'S MAIDEN NAME <i>Mary Klebosck</i>		14. NAME OF HUSBAND OR WIFE <i>Irma</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>J. Mann</i>		ADDRESS <i>Nashville Ill.</i>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>MI</i>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>MYOCARDIAL INFARCTION</i>	
*This does not mean the mode of death, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <i>12 HRS.</i>	
ANTECEDENT CAUSES <i>None</i>		DUE TO (b) _____	
DUE TO (c) _____		420.1	
19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from <i>4/9</i> , 19 <i>59</i> , to <i>4/9</i> , 19 <i>59</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at <i>10:30 Am.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>R.C. Treiman</i>		23b. ADDRESS <i>MO. PACIFIC HOSP. 1765 S. GRAND AVE.</i>	
23c. DATE SIGNED <i>4/10/59.</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Apr. 13 '59</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Ev. St. Pauls</i>		24d. LOCATION (City, town, or county) (State) <i>Nashville Ill.</i>	
DATE REC'D BY LOCAL REG. <i>APR 11 1959</i>		REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Mann</i>		ADDRESS <i>Nashville Ill.</i>	

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
Student Embalmer

Signed..... *J. J. Mann*

Licensed Embalmer No. *5040*

P. O. Address *Nashville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.