

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29269

1. PLACE OF DEATH

County..... Registration District No. 74
Township..... Primary Registration District No. 20005
City St Louis No. 3413rd Belt Ave

File No.
Registered No. 8106
St. Ward)

2. FULL NAME

(a) Residence. No. 3413rd Belt Ave St., 6 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Guido A. Robyn</u>			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 22 1856</u>			
7. AGE	YEARS	MONTHS	DAYS
	<u>72</u>	<u>10</u>	<u>25</u>
If LESS than 1 day, hrs. or min.			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....			

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Mo

PARENTS	10. NAME OF FATHER <u>Richard A. Kant</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	12. MAIDEN NAME OF MOTHER <u>Sarah Kuthwate</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>

14. INFORMANT Mrs S T. Charnock
(Address) 3413rd Belt Ave

15. FILED....., 19.....
W. C. Stark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1929
17. I HEREBY CERTIFY, That I attended deceased from June 1 1929 to Aug 16 1929
that I last saw her alive on Aug 15 1929, and that death occurred, on the date stated above, at 1 Ant m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Bladder

(duration) yrs. 2 mos. 16 ds.
CONTRIBUTORY (SECONDARY) Acute Cystitis
(duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED
447
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical & Laboratory
(Signed) D. M. Nelson M. D.

8/16 1929 (Address) 4337 Washington Bl

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Bellefontaine Cem Aug 19 1929

20. UNDERTAKER ADDRESS

Alexander and Sons 6175 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

