S. No. 2
DM—5-42
v. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 11252

Registration District No. 3108 Primary Registration District No. 3058 Registrar's No. 54

**1. PLACE OF DEATH:**

(a) County ST-CHARLES

(b) City or town ST-CHARLES (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CARMELITE-HOME 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 3 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State MO (b) County MO. 11

(c) City or town ST-LOUIS-MO (If outside city or town limits, write "RURAL")

(d) Street No. 200 N-VANDEVENTER (If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME MARIE-ROBYN

3. (b) If veteran, name war ✓

3. (c) Social Security No. .....

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, ~~widowed, married,~~ divorced SINGLE

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased MARCH (Month) 26 (Day) 1868 (Year)

8. AGE: Years 74 Months 11 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace ST-LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation Unknown

11. Industry or business .....

FATHER
12. Name WILLIAM-ROBYN
13. Birthplace EMERICH (City, town, or county) PRUSSIA (State or foreign country)

MOTHER
14. Maiden name CLEMENCE-MITLENBERGER
15. Birthplace ERDSTEIN-ALSACE-FRANCE (City, town, or county) (State or foreign country)

16. (a) Informant Paul Robyn

(b) Address 4399 McPherson

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 3-16-43 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ CALVARY-CEM. St Louis MO

18. (a) Signature of funeral director H.C. DALLMEYER & SONS-CO

(b) Address 800 N 2nd - ST-CHARLES - MO

19. (a) 3-16-43 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 14 year 1943 hour 11 minute A M.

21. I hereby certify that I attended the deceased from May 1, 1940, to March 14, 1943, that I last saw her alive on March 14, 1943, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: chronic myocarditis | 1 year |
| Due to | |
| Due to | |
| Other conditions: generalized arteriosclerosis (Include pregnancy within 3 months of death) | 5 yrs ? |

Major findings:
Of operations —
Of autopsy —

93d

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 George E Kister (M. D. or other) M D

Address St Chas, Mo Date signed 3/16/43

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(Licensed Embalmer's Statement on Reverse Side)

## 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed John E Dallmeyer

Licensed Embalmer No. 2957

P. O. Address St Charles Mo

**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.**