No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 29 1948
Registration District No. 160

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9201
Primary Registration District No. 5592
Registrar's No. 12

50
0
0

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Herculaneum
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 39 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Herculaneum 0
(If outside city or town limits, write "RURAL")
(d) Street No. 58 Church St 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Fred Thomas Robart
3. (b) If veteran, name war No
3. (c) Social Security No. 493-03-9026
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife 50 Mary DeClue Robart
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June 18, 1890 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	7	18	hr. min.

9. Birthplace Old Mines, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Electric Shop Foreman
11. Industry or business Lead Smelter
FATHER
12. Name Lewis Robart
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Helen Robart
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary Robart
(b) Address Herculaneum, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Herculaneum Catholic
18. (a) Signature of funeral director H. Wingard
(b) Address Festus, Missouri
19. (a) Feb. 10 1948 (Date received local registrar) (b) Alissa Bellerville (Registrar's signature) 14 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1948 hour 3:40 minute A M.
21. I hereby certify that I attended the deceased from 5/19, 1947, to 2/8, 1948;
that I last saw him alive on 2/8, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	½ hr
Due to Cardio - renal disease & hypertension & edema	8 mo
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None 93	
Of autopsy None	

PHYSICIAN
Underline the cause of 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? 0 (e) Means of injury 0
23. Signature Dr. E. Jenn (M. D. or other) MD
Address Herculaneum, Mo Date signed 2/8/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 27 1948

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 Donald H. Umyard Registered Apprentice No. 71 working under my personal supervision.

Signed F. H. Umyard

Licensed Embalmer No. 3010

P. O. Address Fairbury Neb

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.