

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15940**

FILED JUN 14 1952

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **133**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY	
c. LENGTH OF STAY (in this place) 2 WEEKS		d. STREET ADDRESS (If rural, give location) 1712 W. MAIN STR.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle) BERNARD	c. (Last) ROBBEN	4. DATE OF DEATH (Month) (Day) (Year) JUNE 6, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH APRIL 7, 1912	9. AGE (In years last birthday) 40	10. UNDER 1 YEAR Months 1 Days 29	11. UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK	10b. KIND OF BUSINESS OR INDUSTRY ST HIGHWAY DEPT.	11. BIRTHPLACE (State or foreign country) JEFFERSON CITY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GEORGE A. ROBBEN	13b. MOTHER'S MAIDEN NAME EDITH MEMMEL	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WAR #2	16. SOCIAL SECURITY NO. 1-90-09-11120	17. INFORMANT'S SIGNATURE OR NAME GEORGE A. ROBBEN	ADDRESS JEFFERSON CITY, MO.
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18. CAUSE OF DEATH 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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins Disease	INTERVAL BETWEEN ONSET AND DEATH 8 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 19 1948** to **June 6, 1952**, that I last saw the deceased alive on **June 6, 1952**, and that death occurred at **12:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE John J. Matthews MD (Degree or title)	23b. ADDRESS 425 Madison Ave	23c. DATE SIGNED 6.7.52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 9, 1952	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.
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DATE REC'D BY LOCAL REG. June 10-1952	REGISTRAR'S SIGNATURE R.P. Norris MD	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester D. Miller	ADDRESS J.C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2260

901-25-1532

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 Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.