

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12106

PLACE OF DEATH

County Jefferson

File No. _____

Vol. No. _____

Registered No. 1978

Inc. Town _____

Registration District No. _____

City Louisville(No. Baptist Hospital St. _____ Ward)

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John A. Robert

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 Single
Married
Widowed
or Divorced
(Write the word)
Single

6 DATE OF BIRTH

May 6 1925
(Month) (Day) (Year)

7 AGE

64 yrs. 7 mos. 7 ds.IF LESS than 1
day ____ hrs.
or ____ min?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Pres. Wallace Molding Co.
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Huntingburg Indiana

PARENTS

10 NAME OF FATHER

Heerman Robert

11 BIRTHPLACE OF FATHER (State or country)

Germany

12 MAIDEN NAME OF MOTHER

Margaret Weber

13 BIRTHPLACE OF MOTHER (State or country)

Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Otto A. Robert(Address) 1321 Starks Bldg.

15

Filed

MAY 13 1925

DR. L. A. ORTFOPEL

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 13 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from Feb 24, 1925, to May 13, 1925,that I last saw him alive on May 13, 1925,and that death occurred on the date stated above at 501 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory Myocardial degeneration
(Secondary)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) W. D. Spence, M. D.
May 13 1925 (Address) 626 Chard Rd.

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted,

if not at place of death?

Former or

usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Huntingburg Ind.May 13, 1925

20 UNDERTAKER

ADDRESS

John Maas Bldg. Louisville Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text so that it may be properly classified. Extra statement of OCCUPATION is very important. See instructions on back of certificate.