

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH5016
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 1005 Hi Point Plc. 701
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 17092. PRINT FULL NAME 132 Annie Robidoux

(a) Residence, No. 1005 Hi-Pointe Place St. St. Louis, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Charles Edward Robidoux (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
90 4 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Richmond, Missouri (STATE OR COUNTRY)13. NAME Warren George14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Pavton16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)17. INFORMANT Annie Bushnell, (ADDRESS) 1005 Hi Point Plc.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE Feb. 21, 193919. FUNERAL DIRECTOR Robert J. Ambruster (ADDRESS) 6633 Clayton Rd., St. Louis, Mo.20. FILED 1939 J. F. Bruck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 193922. I HEREBY CERTIFY, That I attended deceased from August 15, 1938, to February 22, 1939I last saw her alive on February 21, 1939. Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of face, over the malar bone also primary seat Date of onset Dec. 1937

Other contributory causes of importance:

NoneName of operation Part. rem. face gland Date of AUG. 1938What test confirmed diagnosis? NO Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 1939

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Am. G. Orval M. D.(Address) 3214 S. Grand Blvd.

FEB 23 1939

(Licensed Embalmer's Statement on Reverse Side)

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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3074-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Edward H. Bockhorst, Licensed Embalmer No. 2502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Edward H. Bockhorst

Licensed Embalmer No. 2502

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.)