

Registration District No. 1000

Primary Registration District No. _____

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

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Mo. (b) County St. Louis
(c) City or town University City, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 6806 Corbitt Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Jennie Robertson 163
(b) If veteran, name war no (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day II
year 1939 hour II. minute 15 A.M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles Robertson 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Aug. 16, 1884. (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 17 39
1939 to Oct 11, 1939
that I last saw her alive on Oct 11th, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
55 I 25 hr. min.

Immediate cause of death Uterine Carcinoma
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings: Uterine Carcinoma
Of operations _____
Of autopsy yes

11. Industry or business _____
12. Name Henry Edwards
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Laura Parish
15. Birthplace Missouri (City, town, or county) (State or foreign country)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature Charles Robertson
(b) Address 6806 Corbitt Ave.
17. (a) burial (b) Date thereof Oct. 14/39 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Ce.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Rodiamont Ave.
19. (a) OCT 13 1939 (b) J. P. ... (Date received local registrar) (Registrar's Signature)

23. Signature J. D. Thurman (M. D. or other)
Address 16753 Page Date signed 10-11-39

WHILE PERMIT—USE UNFADING BLACK INK—MAKE 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.

1 X1951

NOV 13 1939 791

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

Geo. W. Clark

Licensed Embalmer No. *1661*

P. O. Address *1125 Hodiames*

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, above space should be left blank.