

**FILED AUG 23 1948**

Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution St. Louis City Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7/10/48 to 8/19/48  
 (Specify whether  
 In this community 6 years  
 years, months or days)

**3. (a) PRINT FULL NAME** Prudence Robertson  
**3. (b) If veteran,** name war —  
**3. (c) Social Security No.** unk  
**4. Sex** F **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** M  
**6. (b) Name of husband or wife** Allen D. Robertson  
**6. (c) Age of husband or wife if alive** 54 years  
**7. Birth date of deceased** Aug. 16, 1900  
 (Month) (Day) (Year)

**8. AGE:**  
 Years 47 Months 11 Days 23  
 If less than one day  
 — hr. — min.

**9. Birthplace** West Virginia  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Attendant, City San

**11. Industry or business** City Sanitarium

MOTHER FATHER

**12. Name** George Baley

**13. Birthplace** West Virginia  
 (City, town, or county) (State or foreign country)

**14. Maiden name** Ella Flynn

**15. Birthplace** West Virginia  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Allen Robertson

**(b) Address** 5300 Arsenal

**17. (a) Removal** (Burial, cremation, or removal) **(b) Date thereof** 8-10-48  
 (Month) (Day) (Year)

**(c) Place: burial or cremation** Huntington, W. Va.

**18. (a) Signature of funeral director** Albert H. Hoppe

**(b) Address** 4700 Washington Blvd.

**19. (a) AUG 10 1948** (Date received local registrar) **(b) J. F. Bredek** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5300 Arsenal  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month August day 9<sup>th</sup>  
 year 1948 hour 5<sup>PM</sup> minute 25 P.M.

**21. I hereby certify that I attended the deceased from** 7/10/48  
 1948, to 8/9, 1948  
 that I last saw her alive on 5:30 pm, 8/9/1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Breast with metastasis  
metastasis (Carcinomatous) Duration unknown

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy not done

**PHYSICIAN**

Underline the cause to 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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 means of injury \_\_\_\_\_  
**23. Signature** Albert H. Hoppe (M. D. or other) no  
**Address** City Hospital **Date signed** 8/10/48

7015

AUG 24 194

**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..... *Frank J. [Signature]*

Licensed Embalmer No. *2675*

P. O. Address *[Signature]*

**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..**