

Registration District No. **781**

Primary Registration District No. _____

Registrar's No. **9873**

1. PLACE OF DEATH: **1003**
 (a) County **2**
 (b) City or town **St. Louis**
 (c) Name of hospital or institution: **1418 St Ange Ave**
 (d) Length of stay: In hospital or institution _____
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **1**
 (c) City or town **St. Louis.** **2-3**
 (d) Street No. **1418 A St Ange Ave.**
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Abigail Robertson 16-3**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov** day **19**
 year **1939** hour **5** minute **30** P. M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **Adam Robertson** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Jan 28 1858**

21. I hereby certify that I attended the deceased from **Sept 30**, 1939, to **Nov 19**, 1939;
 that I last saw her alive on **11/18/39**, and that death occurred on the date and hour stated above.

8. AGE: Years **81** Months **9** Days **22** If less than one day _____ hr. _____ min.

Immediate cause of death **Pneumonia**
Senility Duration **2 Days**

9. Birthplace **Indiana** (City, town, or county) _____ (State or foreign country) _____

Due to _____
 Due to _____
 Other conditions **Cancer of womb** **2**
 (include pregnancy within 3 months of death)

10. Usual occupation **At Home**
 11. Industry or business **Housewife.**
 MOTHER FATHER { 12. Name **Patrick Haney**
 13. Birthplace **Ireland**
 14. Maiden name **Rebeka Brackney**
 15. Birthplace **Ireland**

Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature **John O. Robertson**
 (b) Address **1418 A St Ange Ave.**
 17. (a) **Burial** (b) Date thereof **Nov 22/39**
 (c) Place: burial or cremation **Terre Haute Ind.**

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **J. H. Kuntz**
 (b) Address **2906 Gravois Ave**
 19. (a) **NOV 20 1939** (b) **J. H. Brackney**
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature **F. J. Swelkosky** (M. D. or other) **M.D.**
 Address **1701 S. 12th St.** Date signed **11/20/39**

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

Rev. 6-17-39

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.

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.....

Thos Luteis

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thos Luteis

Licensed Embalmer No. *1619*

P. O. Address *2906 Grovers*

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.