

1. PLACE OF DEATH:

(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:
residence (4527 Forest Park Blv'd.)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community... life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4527 Forest Park Blv'd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th
year 1941 hour 12 minutes 30 P. M.
21. I hereby certify that I attended the deceased from
Nov 4 1940 to Oct 24 1941
that I last saw h. u alive on Oct 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Papillary cyst - adenoma
of ovary, malignant
Duration.....

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

Major findings:
Of operations See cause of death
Of autopsy no
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) (e) Means of injury.....
23. Signature J. P. O'Malley (M. D. or other) M.D.
Address 4932 Maryland Date signed.....

3. (a) PRINT FULL NAME Nadine Dudley Robinson

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife George F. Robinson 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October 21 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 0 4 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

12. Name Harry C. Dudley

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Juliet Woodson

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George F. Robinson

(b) Address 4527 Forest Park Blv'd.

17. (a) Cremation (b) Date thereof 10-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) OCT 27 1941 (b) J. T. Braddock
(Date received local registrar) (Registrar's signature)

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

600
17
9

8478

8478

Dr. F. P. McNeilly
4932 Maryland Avenue
RO-4320

1:30 to 4 P.M.

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 Clairmont Murray
Licensed Embalmer No. 11011
P. O. Address St. Louis, Mo.

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.