

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

13090

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St Louis* (No. *St Johns Hospital*)

Registration District No. *791*  
Primary Registration District No. *1003*

File No.....  
Registered No. *3648* St. \_\_\_\_\_ Ward)

**2. FULL NAME**

*Josie Roden*

(a) Residence. No. *2168 Esther* St., *3* Ward.) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

*Female white*

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

*Married*

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

*Leo Roden*

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

*Oct 28 1887*

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>41</i>	<i>4</i>	<i>24</i>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

*at Home*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

*St Louis*

**10. NAME OF FATHER**

*Patrick Fahay*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*St Louis*

**12. MAIDEN NAME OF MOTHER**

*Rose M. Conroy*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*St Louis*

**14.**

INFORMANT

(Address)

*Leo Roden  
2168 Esther Ave*

**15.**

FILED

19

*May C. Starker  
REGISTRAR*

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** *March 24 1929*

**17. I HEREBY CERTIFY, That I attended deceased from** *March 17 1929*, to *March 24 1929* that I last saw *her* alive on *March 24 1929*, and that death occurred, on the date stated above, at *12:30 a. m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Labov Pneumonia  
100% (Curet)*  
(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

*J. P. Emerich Jr. M. D.*

*March 25 1929 (address) 6200 Columbia*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

*6 Albany*

*3-27 1929*

**20. UNDERTAKER**

ADDRESS

*Arthur J. Donnelly  
2037 West St*

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.

Dr J. P. Hamerick

6200 Columbus

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