WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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

Do not use this space.

7492

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1824

City ST. Louis (No. 4683 Laclede St. ..... Ward)

2. FULL NAME Emma Rodgers Prickett

(a) Residence. No. 4683 Laclede St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

4. COLOR OR RACE: white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harry Prickett

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

7. AGE: about 74 years. (YEARS / MONTHS / DAYS) If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer): At. Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Goshen - Clearmont Co. Ohio.

PARENTS

10. NAME OF FATHER: Richard Rodgers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Newark Ohio.

12. MAIDEN NAME OF MOTHER: Deborah Lynch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Goshen Ohio.

14. INFORMANT: Mrs. Nettie Leever
(Address) South Norwood - Ohio.

15. FILED FEB 11 1931, 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): February 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1930 to 2/9 — 1931 that I last saw her alive on 2/9 — 1931, and that death occurred, on the date stated above, at 11:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

478 Carcinoma of Lungs (duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr Joseph Schafer M. D.

2/11 - 1931 (Address) 33 B University Club

*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: Cincinnatti Ohio.

DATE OF BURIAL: Feby 11 1931

20. UNDERTAKER: Shepard Funeral Home

ADDRESS: 1167-69 Hamilton Ave.