

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

Do not use this space.

16646

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791 File No. 16646  
 Township St. Anthony's Hospital Primary Registration District No. 1003 Registered No. 5172  
 City St. Louis (No. 15 Ward)

**2. FULL NAME**

Helen F. Rodgers  
 (a) Residence. No. 4550 Morganford St., 15 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>      </u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 20 1890</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>2</u>
	DAYS <u>9</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Work</u> (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) <u>St. Louis, Mo.</u>		
PARENTS	10. NAME OF FATHER <u>Fred H. Prengel</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
	12. MAIDEN NAME OF MOTHER <u>Ma Kampmier</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
14. INFORMANT <u>Florence Prengel</u> (Address) <u>4550 Morganford</u>		
15. FILED <u>30</u> <u>15</u> <u>1931</u> <u>Kelly C. Warden</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 29 1931

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1931, to April 29, 1931, that I last saw her alive on April 28, 1931, and that death occurred, on the date stated above, at 11:25 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Diffuse General post operativ  
51 B Peritonitis  
(duration)        yrs.        mos. 1 D. ds.

CONTRIBUTORY (SECONDARY) Benign Fibroids of Uterus  
(duration)        yrs. 3 1/2 mos.        ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH         
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 18 - 1931  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS Surgical opinion  
 (Signed) P. W. G. Schlichter M. D.  
4/30 1931 (Address) 514 Metropolitan Bldg

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Valhalla</u>	DATE OF BURIAL <u>5-2 1931</u>
20. UNDERTAKER <u>K. Schumacher</u>	ADDRESS <u>3013 Meramec</u>

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.

2-3