Dr. Wilcox
3201 Ivanhoe.
MAR 12 1936

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

Do not use this space.
7630

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1280

City St. Louis (No. St. Anthony's Hosp. St. ..... Ward)

2. FULL NAME Edna G. Rooney

(a) Residence, No. 3218 Portis St., 16 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1887

7. AGE Years 48 Months 4 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio

FATHER
13. NAME Pickett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Elizabeth Underwood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Brian Rooney 3218 Portis Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 2-5-36, 19

19. UNDERTAKER (ADDRESS) OSCAR J. HOFFMEISTER UND. Co. 4016-18 CHIPPEWA ST.

20. FILED FEB -4 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 21st, 1935, to Feb 1st, 1936
I last saw her alive on Feb. 1st, 1936. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis	12-21-35
46	
Other contributory causes of importance:	
Malignant Intestinal cyst	10-19-35

Name of operation Laporatomy & removal of cyst Date of 12-5-36
What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
—
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. V. Wilcox M.D., M. D.
(Address) 3201 Ivanhoe Ave St Louis, Mo

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.