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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 11 1936

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

Do not use this space.

791

12545

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 2575

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

City St. Louis (No. Missouri Baptist Hospital St. ..... Ward)

2. FULL NAME Rose Lodes

(a) Residence, No. 4103 California Ave. St., 15 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: Emil Lodes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 7, 1878

7. AGE: YEARS 57 ~~58~~ MONTHS 2 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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): St. Louis, Mo.

FATHER

13. NAME: Joseph W. Storr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City, Mo.

MOTHER

15. MAIDEN NAME: Katherine Chaped.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Mrs. B. A. Westhaus 4758 Alma Ave

18. BURIAL, CREMATION, OR REMOVAL

SS BLACK Peter & Paul Cem DATE Mar. 9, 1936.

19. UNDERTAKER (ADDRESS): J. H. Gebken Lx U Co. 2842 Meramec St.

20. FILED MAR 7 1936, 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 16, 1936 to 3/5/36, 19....

I last saw her alive on 3/5/36, 19.... Death is said to have occurred on the date stated above, at 12:50 P.m.

The principal cause of death and related causes of importance were as follows:

Malignancy (abd) Carcinoma left adrenal Primary seat of Cancer in stomach

Date of onset

Other contributory causes of importance: Broader infection (Pyonephrosis)

Exploratory abdominal section

Name of operation ..... Date of 2/24/36

What test confirmed diagnosis? Vision Was there an autopsy? .....

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) Hudson Talbott, M. D.

(Address) Metrop. Bldg St. Louis Mo