OCT 5 1936

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

Do not use this space.

35748

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Isolation Hospital St. ..... Ward)

File No. .....

Registered No. 9369

2. FULL NAME Louise Roderick

(a) Residence, No. 2708 Hickory St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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: Louis Roderick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 18, 1897

7. AGE: YEARS 38 | MONTHS 10 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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): Pacific, Missouri

FATHER

13. NAME: Pete Clemens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knoxville, Tenn.

MOTHER

15. MAIDEN NAME: Sarah Fingers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin County, Mo.

17. INFORMANT (ADDRESS): A. Lane A Lane. 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valley Park Mo DATE 9-12 1936

19. UNDERTAKER (ADDRESS): Schrader Bros Und Co Ballwin. Mo

20. FILED SEP 11 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10- 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7 1936, to Sept 10, 1936

I last saw her alive on Sept 9, 1936 Death is said to have occurred on the date stated above, at 2.55 A. m.

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

	Date of onset
Chronic Pulmonary Tuberculosis	
Tubercular Enteritis?	

Other contributory causes of importance: 23

Name of operation Phys. Date of .....

What test confirmed diagnosis? X-Ray 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? .....

If so, specify .....

(Signed) Dudley G Lackmond Jr MD, M. D.

(Address) 5600 Arsenal.

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.

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