FEB 8 1937

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

Do not use this space.

96 90 9

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. City Hospital No. 1 St. ..... Ward) 68

File No. 3070

Registered No. ..... B. 14040

2. FULL NAME Elizabeth Roderick

(a) Residence, No. 1363A Semple Ave. St., 6 Ward. 1
(Usual place of abode) (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: 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: Peter J. Roderick.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 8, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~83~~ 84	7	23	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 268

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): New York 2

FATHER

13. NAME: John Sloane.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know. 31

MOTHER

15. MAIDEN NAME: Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know. 31

17. INFORMANT (ADDRESS): Hosp. Info. M.H. Kent, City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Jan. 5, 1937.

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.

20. FILED JAN 3 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/1/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/28/36, 19, to 1/1/37, 19

I last saw h. he alive on 1/1/37, 19. Death is said to have occurred on the date stated above, at 8.35 P.

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

Lobar Pneumonia 108

Date of onset

Other contributory causes of importance: Arteriosclerosis

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

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) Roy Greenbaum, M. D.

(Address) City Hospital No. 1

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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