

JAN 24 1938

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

46642
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 785
(b) Township Carondelet Primary Registration District No. 6248
(c) City Glendale (d) Street No. Kirkham & Collins Rd. Registered No. 177
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 74 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Rovane

(a) Residence, No. Kirkham & Collins Rd. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29th, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc. 26
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 Thomas Egan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Johanna Lacey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT James Rovane
(ADDRESS) Kirkham & Collins Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt DATE 12/28/37

19. FUNERAL DIRECTOR Harrigan & Sheehan Und
(ADDRESS) 4416 Washington Blvd.

20. FILED 12-27-1937 Agnes C. Kelly
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25/37 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 to Dec 25, 1937

I last saw her alive on Dec. 25, 1937. Death is said to have occurred on the date stated above, at 10⁰⁰ m.

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

Acute Nephritis
Acute Pyelitis
Chronic Nephritis
Date of onset 12/11/37

Name of operation Date of
What test confirmed diagnosis Urograms 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
Also, specify Quentin M. Jones, M. D.
(Signed) Quentin M. Jones
(Address) 207 W. N. Kirkwood Rd
Kirkwood, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

207471 Concession
file

STATEMENT BY LICENSED EMBALMER

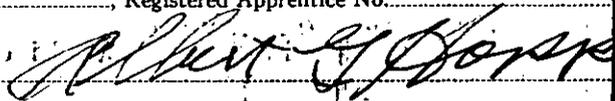
I, Albert G. Hoppo Licensed Embalmer No. 2961

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 2961

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)