

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 701

Primary Registration District No. _____

Registrar's No. 9019

1. PLACE OF DEATH: 1008 1939 NOV 9

(a) County _____

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Park Lane Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 2509a Marcus Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Sarah Elizabeth Rodgers ^{Jab}

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Leo Rodgers 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased January 19th, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>9</u>	<u>3</u>	hr. _____ min.

9. Birthplace _____ Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name ? Kingery 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Unknown
(City, town, or county) (State or foreign country)

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James L Rodgers

(b) Address 2509a Marcus Ave.

17. (a) Burial (b) Date thereof 10-24-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Provant Und. Co.

(b) Address 3710 N. Grand Blvd.

19. Oct 23 1939 (b) J. B. Brudick
(Date registered local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21st.
year 1939 hour 4.30 minute _____ A. M.

21. I hereby certify that I attended the deceased from 3/7/39
_____, 19____, to 10-21- 1939
that I last saw her alive on 10-20- 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Anoxemia 1 mo.

Due to Metastatic Carcinoma of Lungs 6 mo.

Due to Carcinoma, Rt. Breast 1 yr.

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Radical Removal R. Breast
Of operations _____ Underline the cause to which death should be charged statistically

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____ (e) Means of injury _____

While at work? _____

23. Signature Nicholas S Vitale (M. D. or other) 1

Address 3861 St. Louis Ave Date signed 10/21/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

N.S. Vitale
3861 St James Ave
1-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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.)

If this body is not embalmed, above space should be left blank.