

1-13-40
5-17-39
X23159

MAR 25 1941
Registration District No. **191**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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1. PLACE OF DEATH:
(a) County Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Lucy Rodgers
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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1855
(Month) (Day) (Year)

8. AGE: Years About 86 Months _____ Days _____ If less than one day
hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name James Rodgers
13. Birthplace _____ / Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Stith
15. Birthplace _____ / Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Stephen Rodgers
(b) Address 4414 Kossuth Ave

17. (a) Burial (b) Date thereof 2/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) MAR 24 1941 (b) J. H. Greulich
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1710
(If outside city or town limits, write "RURAL")
(d) Street No. 4414 Kossuth Ave
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1941 hour 11 minute 40 A. M.
21. I hereby certify that I attended the deceased from 2/20/41
_____, 19____, to 2/22/41, 19____;
that I last saw her alive on 2/22/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Intermittent Heart Disease
Due to Chronic myocarditis
Due to Pulmonary Emphysema
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
Of operations _____
Of autopsy as above 1/25/41
Underline the cause to which death should be charged statistically.

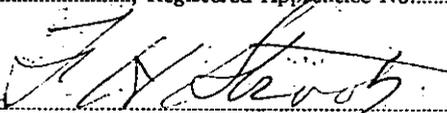
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature James P. Murphy (M. D. or other) _____
Address 1515 Lafayette Date signed 4/24/41

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.....

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

Signed 

Licensed Embalmer No. 2265

P. O. Address.....

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, fact should be so stated above.