

JAN 24 1942
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington (If outside city or town limits, write "RURAL") NR 6
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1941 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from Nov 3 1941 to 12-27 1941
that I last saw h. or alive on Dec 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of gall bladder with extension to duodenum head of pancreas and st. liver
Due to _____
Due to Broncho-pneumonia
Other conditions _____ (Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy as above

3. (a) PRINT FULL NAME Rolla F. Headlee
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 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 May 6, 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Mr Neal Headlee

(b) Address Kirkwood, MO

17. (a) Removed (b) Date thereof 12-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo

18. (a) Signature of funeral director Robert W. Hoppe

(b) Address 4700 Washington St

19. (a) DEC 27 1941 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

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 0
23. Signature Dwight Hafe Kerr (M. D. or _____) MD
Address BARNES HOSPITAL Date signed 12-27-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00
7
9

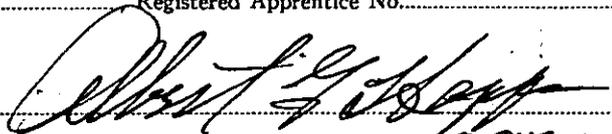
STATEMENT BY LICENSED EMBALMER

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

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....



Licensed Embalmer No..... 2971

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.