V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19550

State File No. 19550

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5263

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Baptist Hospt. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Irene Virginia Glen Federhofer

3. (b) If veteran, name war No

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 Al. Federhofer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 19 (Day) 1894 (Year)

8. AGE: Years 48 | Months 4 | Days 28 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Alfred W. Rogers

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

14. Maiden name Emily Jones

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

16. (a) Informant Kennth Rogers

(b) Address 143 Webster Woods

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 (Month) (Day) 1942 (Year)

(c) Place: burial or cremation St. Clair, Mo

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) (Date received by registrar) JUN 19 1942 (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from June 7, 1942, to June 17, 1942 that I last saw he alive on June 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus

Due to Pulmonary Infarct

Due to

Other conditions (Include pregnancy within 3 months of death) Not Pregnancy

Major findings: Of operations Multiple Pelvic adhesions after hysterectomy — Hypertrophic fibroids uterus — Bilateral salpingectomy

Of autopsy Pulmonary Embolus Pulmonary Infarct

Duration

PHYSICIAN Underline cause which 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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature Edward [illegible] (M. D. or other)

Address 462 N. Euclid Date signed

JUN 18 1942

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 194[illegible]

AUG 13 1942

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 Geo W Wilkinson

Licensed Embalmer No. 3575

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.