S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944 318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9398

Primary Registration District No. 1003

Registrar's No. 3019

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4524 a Gibson Ave. (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 Mo. (b) County 000 17 9 18
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4524 a Gibson Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANN J. RODDY
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Joseph Roddy
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov. (Month) 13 (Day) (Year)

8. AGE: Years: about 63 Months: — Days: — If less than one day: hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Paul Flood
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Julia Carroll
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Joseph T. Roddy
(b) Address 4524 a Gibson Ave.
17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser, Mortuarian
(b) Address 4228 So. Kingshighway
19. (a) MAR 30 1944 (Date received by local registrar) **(b)** J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29 year 1944 hour 12 minute 12 P.M.
21. I hereby certify that I attended the deceased from 11-28, 1943, to 3-29, 1944, that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Adeno. Carcinoma of vulva with pulmonary metastasis.	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations above
Of autopsy none

PHYSICIAN 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? (Specify type of place)
While at work? (e) Means of injury —
23. Signature John J. Hammond (M. D. or other) M. D.
Address 634 N. Grand Date signed 3/30/44

(Licensed Embalmer's Statement on Reverse Side)

Mr John J. Hammond
Smo. Bldg. Fr 5080

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 Richard A. Stoussard

Licensed Embalmer No. 4007

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.