

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

## 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: \_\_\_\_\_  
4902 Itaska 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 50 Years  
years, months or days)

3. (a) PRINT  
FULL NAMESally McNeill Rogers3. (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 Widowed  
 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased November 2, 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>1</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Romney West Virginia  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business At Home12. Name Andrew Jackson Paneake13. Birthplace West Virginia  
(City, town, or county) (State or foreign country)14. Maiden name Ann J. High15. Birthplace West Virginia  
(City, town, or county) (State or foreign country)16. (a) Informant Etta M Rogers(b) Address 4902 Itaska17. (a) IL removal Dec 13th 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place of burial or cremation West Virginia18. (a) Signature of funeral director Peetz Bros(b) Address 3029 Lafayette Ave19. (a) DEC 13 1945 J. F. Bredeek  
(Date received by Registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4902 Itaska  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION -

20. DATE OF DEATH: Month December day 12th  
year 1945 hour 12:40 minute \_\_\_\_\_ P \_\_\_\_\_ M \_\_\_\_\_21. I hereby certify that I attended the deceased from December 4, 1945 to December 6, 1945  
that I last saw her alive on December 6, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinoma of Liver

Duration

5 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)10 yr

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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

(c) 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 023. Signature O. D. Meyer O. D. Meyer  
(M. D. or other)  
Address 6029 S. Kingshighway Date signed Dec 12

**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 Frank J. Downs

Licensed Embalmer No. 2245

P. O. Address Phoenix, AZ

**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.**