

S. No. 2
M-5-43
5-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22144
Registrar's No. 5845

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1920 Sidney St.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 020
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1920 Sidney St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Barbara Rooke
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 1 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 8 29 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Carl Wallrapp

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

14. Maiden name Anna Maria Hauck

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

16. (a) Informant Dorothy Anne Green

(b) Address 1920 Sidney St.

17. (a) Burial (b) Date thereof 7/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul Cemetery

18. (a) Signature of funeral director John H. Keck
(b) Address 2630 Gravois Ave.

19. (a) JUL 2 1946 (b) J. Z. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 30th
year 1946 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from About
January 1st 1945 to June 30th 1946
that I last saw her alive on June 30th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Abdominal Carcinoma of the Uterus
Due to Carcinoma of the Uterus
Due to _____
Other conditions (Include pregnancy within 3 months of death) W/O

Major findings: Laparotomy May 1945
Of operations _____
Of autopsy _____

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 Paul B. Webb (M. D. or other) 7412
Address 1915^a Sidney Date signed 6/30/46

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 Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2630 Grannis Ave

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.