

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

5053  
 Do not use this space.

REC'D MAR 14 1938

**1. PLACE OF DEATH**

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. **1698**  
 (c) City **St. Louis** (d) Street No. **4337 Evans Ave.** St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** **Rose Ronan. 550**

(a) Residence, No. **4337 Evans Ave.** St. **11**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Richard Ronan.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 19-1887.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**50 1 27**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife.**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri.**

FATHER 13. NAME **Kubik.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

MOTHER 15. MAIDEN NAME **Dont Know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

17. INFORMANT (ADDRESS) **Ellen Jones. 4337 Evans Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Feb. 19, 1938.**

19. FUNERAL DIRECTOR (ADDRESS) **Arthur J. Donnelly. 3840 Lindell Blvd.**

20. FILED **FEB 17 1938**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 16 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jany 837 to Feb 16 1938**  
 I saw her alive on **Feb 15 1938**. Death is said to have occurred on the date stated above, at **6:30 a.m.**

The principal cause of death and related causes of importance were as follows:  
**Carcinoma of L. breast Jany 1937**

Other contributory causes of importance:  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify **Edward J. Martens** M. D.  
 (Signed) **4040** (Address) **St. Louis**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Martin

4040 Seaman  
Road

STATEMENT BY LICENSED EMBALMER

I, Alfred F. Boedeker, Licensed Embalmer No. 2663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Alfred F. Boedeker  
Licensed Embalmer No. 2663

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.)