

REC'D MAY 10 1938

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

 12894  
 Do not use this space.

## 1. PLACE OF DEATH

 (a) County ..... Registration District No. **1003**  
 (b) Township ..... Primary Registration District No. ....  
 (c) City **St. Louis** (d) Street No. **4648 Varrelman Ave.** Registered No. **3498**  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
 (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

**Delia Rodgers** **326**  
 (a) Residence, No. **4648 Varrelman Ave.** St. **15** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Matted</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Charles Ridgers</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>December, 5th, 1868</b>		
7. AGE	YEARS <b>71</b>	MONTHS <b>4</b>
	DAYS <b>9</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Housewife</b>	
	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 .....	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis, Mo.</b>
	13. NAME <b>John Hurley</b>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis, Mo.</b>
	15. MAIDEN NAME <b>Unknown</b>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis, Mo.</b>
	17. INFORMANT <b>Joseph Rodgers</b> (ADDRESS) <b>4648 Varrelman Ave.</b>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Peters</b> DATE <b>April, 16-</b> 19 <b>38</b>
	19. FUNERAL DIRECTOR <b>Wacker-Helderle</b> (ADDRESS) <b>2331 S. Broadway</b>
	20. FILED <b>APR 14 1938</b> <b>J.P. Bucheck</b> City Registrar

## MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April, 14th, 1938**  
 22. I HEREBY CERTIFY, That I attended deceased from **Apr 9, 1938, to Apr 14, 1938**  
 I last saw her alive on **Apr 13, 1938**. Death is said to have occurred on the date stated above, at **2:30 A.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Lobar Pneumonia 5 days**  
**Organic Valvular Heart Lesion**  
 Other contributory causes of importance: .....  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....  
 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 .....  
 (Signed) **J. P. Bucheck**, M. D.  
 (Address) **St. Louis, Mo.**

STATEMENT BY LICENSED EMBALMER

I, Robert C. White, Licensed Embalmer No. 2128

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

L. E.

No. 2128 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Robert C. White

Licensed Embalmer No. 2128

**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.)**