REC'D MAY 10 1939

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

13455
Do not use this space.

791
1003

1. PLACE OF DEATH
(a) County 2
(b) Township 1
(c) or City St. Louis,
Registration District No.
Primary Registration District No.
Registered No. 3797
(d) Street No. 6105 Pershing, 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.

660

2. PRINT FULL NAME Julia Rood O'Rear
(a) Residence, No. 6105 Pershing, St. 5
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Clyde O'Rear

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6th (about 1877)

7. AGE YEARS (About 62) MONTHS 3 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) Philadelphia, Penn.

FATHER
13. NAME Joseph S. Rood.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

MOTHER
15. MAIDEN NAME Nellie.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

17. INFORMANT (ADDRESS) Mrs. D.A.Nylander. # 824 Goodfellow,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cemetery DATE April 24th 1939

19. FUNERAL DIRECTOR (NAME) C. R. LUPTON & SONS, INC.
(ADDRESS) 7233 Delmar, Blvd. University City

20. FILED APR 24 1939 J. F. Budrick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1939.

22. I HEREBY CERTIFY, That I attended deceased from About 1 yr. ago, 1938 to April 22, 1939
I last saw her alive on 4/20, 1939 Death is said to have occurred on the date stated above, at 3:40 p.m.
The principal cause of death and related causes of importance were as follows:

Hemorrhage of stomache due to Carcinoma

Date of onset

Other contributory causes of importance:
Carcinoma of stomache

Name of operation none Date of —
What test confirmed diagnosis? X-Ray 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? no
If so, specify
(Signed) D. R. Parman, M. D.
(Address) 3903 Oliver St.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X16605

3903 Olive St
Je 5600

Rev:-7162 Waterman
Ca 0743

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 Bradford A Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.