DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34024

Registration District No. 791 NOV 13 1939

Primary Registration District No.

Registrar's No. 8562

1. PLACE OF DEATH: 1003

(a) County 2

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2617 Dickson St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 4 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 21

(d) Street No. 2617 Dickson St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ida Mae Rodgers 826

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willie Rodgers

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased June (Month) 3 (Day) 1910 (Year)

8. AGE: Years 29 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Hazel Heart (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Domestic

11. Industry or business —

FATHER
12. Name ? Brown
13. Birthplace ? (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Lucy Dannis
15. Birthplace Unknown (City, town, or county) ? (State or foreign country)

16. (a) Informant's own signature Willie Rogers

(b) Address 2617 Dickson St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 · 8 · 39 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) OCT 6 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5 year 1939 hour minute 2 A M.

21. I hereby certify that I attended the deceased from 1-11-39, to 10-4, 1939 that I last saw her alive on 10-4, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus (Cervix)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Carcinoma

Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 8520 W Jefferson Date signed 10/5/39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39 Rev. 5-17-39 1 X19511

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 L. Boyt[illegible] ....., Registered Apprentice No. Murphy ....., working under my personal supervision.

Signed: Lorenzo Boyt[illegible]

Licensed Embalmer No. 2946

P. O. Address St Louis M[illegible]

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, above space should be left blank.