

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.

Registration District No. **1003** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1**  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **BARNES HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days **0 0 1**

2. USUAL RESIDENCE OF DECEASED: **1**  
(a) State **MO.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1747 Nicholson Place. 23**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **ROGILES, DELLA MYRTLE**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **488-07-1517**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **11** day **1**  
**17** year **1939** hour **10** minute **20 P.M.**  
21. I hereby certify that I attended the deceased from **10-25**  
**1939**, to **11-1**, **1939**.

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Frank** 6. (c) Age of husband or wife if alive **64** years  
7. Birth date of deceased **Sept. 20 1885**  
(Month) (Day) (Year)

that I last saw her alive on **11-1**, **1939**, and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
**Pneumonia - lobar - rt lower lobe**  
**(organism not determined)** Duration **5 days**

8. AGE: Years Months Days If less than one day  
**54** **1** **11** hr. \_\_\_\_\_ min.

Due to **Post operative craniotomy for rt occipital parietal brain tumor**  
Due to **(? spongioblastoma multiforme malignant)**

9. Birthplace **Crawford County, Mo.**  
(City, town, or county) (State or foreign country)

Other conditions **53**  
(Include pregnancy within 3 months of death)

10. Usual occupation **seamstress**

Major findings: **rt parietal lobe brain tumor (? spongioblastoma multiforme)**  
Of autopsy **rt lower lobe pneumonia**

11. Industry or business **Mr. Geo Oswald**

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? **1** (Specify type of place) (e) Means of injury \_\_\_\_\_

12. Name **Thomas Conway**

13. Birthplace **Crawford County, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Whorley**

15. Birthplace **Crawford County, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Alexander & Lova**  
(b) Address **4317 Forest Park Blvd.**

17. (a) **Burial** (b) Date thereof **11/4/39**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Freeman Cem. Crawford Co., Mo.**

18. (a) Signature of funeral director **Alexander & Sons**  
(b) Address **1049 1/2 7598 Blmar Blvd.**

19. (a) **NOV 9 1939** (b) **G.F. Bredich**  
(Date received local registrar) (Registrar's signature)

PHYSICIAN **10-27-39**  
Underline the cause to which death should be charged statistically.

**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 Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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

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