

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.

JAN 12 1940 791
Registration District No. 1000

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County 1
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Lukes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNE N. ROPER. 160
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Denney Roper. 6. (c) Age of husband or wife if alive 70. years
7. Birth date of deceased Dec. 11, 1870.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69. 0. 11. hr. _____ min.

9. Birthplace Chicago, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business
12. Name Elbridge G. Newell.
13. Birthplace Morrisville, New York.
(City, town, or county) (State or foreign country)
14. Maiden name Helen Berry.
15. Birthplace Fairlee, Vermont.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John N. Roper
(b) Address #5459 Cabanne Ave.

17. (a) Cremation. (b) Date thereof 12/26/39.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmer Boulevard

19. (a) DEC 25 1939 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 1
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. #5459 Cabanne Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1939 hour 11 minutes 57 P. M.
21. I hereby certify that I attended the deceased from Dec. 17, 1939, to Dec. 22, 1939; that I last saw her alive on Dec. 22, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma uteri independent with obstruction of sigmoid Duration 4 days
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Colorblind for obstructive due to retention of uterine cancer
Of autopsy None done
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Walter Baumgartner (M. D. or other) _____
Address 3720 Washington Ave Date signed Jan 24

3720 Washington
5032 Westmiller
SE. 6720
P.O. 2826

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. 24012
P. O. Address St. Louis, Mo

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.