

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 12 1940 791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1830

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: 2913^a Lawton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community nine months
years, months or days

8. (a) PRINT FULL NAME Hannah Roddy

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 23 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Batesville, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

12. Name Andy Crisp

18. Birthplace Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Adams

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Carla Catherine

(b) Address 2913^a Lawton

17. (a) burial (b) Date thereof 2/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodland Cemetery

(d) Address 215 S. Jefferson Ave.

19. (a) FEB 23 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2913^a Lawton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 18
year 1940 hour 3 minute 15 p. M.

21. I hereby certify that I attended the deceased from 1-7-, 1940, to 2-18-, 1940, that I last saw her alive on 2-18-, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis
Duration don't know

Due to _____
Due to _____
Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: _____
Of autopsy no

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?

23. Signature J. F. ... (M. D. or other)
Address 2913^a Lawton Date signed 2-23-40

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

J. J. Watson

Licensed Embalmer No.

2698

P. O. Address

2769 E. Houston

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.