No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13385

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 3587

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Barnard Free Skin and Ca. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three Days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town Dudley NR
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Rosa Affolder 1113

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles F. Affolder

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

7. Birth date of deceased May 1, 1881 (Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name John Wallace
13. Birthplace _____ (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Jane Slaughter
15. Birthplace _____ (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Eva Sm th
(b) Address 3427 Washington Ave., St. Louis, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-20-40 (Month) (Day) (Year)
(c) Place: burial or cremation Dudley, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) APR 20 1940 (Date received local registrar) (b) J. J. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1940 hour 4 minute 43 P.M.

21. I hereby certify that I attended the deceased from April 16, 1940, 19____, to April 19, 1940; that I last saw her alive on April 19, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction, acute — Duration

Due to Meckel's Diviticulitis, acute, gangrenous

Due to Appendicitis, acute, gangrenous, with an Appendiceal Abscess

Other conditions Peritonitis, acute, localized.
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation
Of autopsy As above

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 Warren F. Smith (M. D. or other)
Address 3427 Washington Ave., St. Louis, Missouri. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

3587

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 Wilford Burnley, Registered Apprentice No. 1 working under my personal supervision.

Signed Albert H. Hoppe

Licensed Embalmer No. 1861

P. O. Address

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

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