

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23421**

JUL 24 1943
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6394**

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: **Post Law Memorial - 4930 Lindell**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days** (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Illinois** (b) County **Madison 11**
(c) City or town **Granite City - Ill. 0**
(If outside city or town limits, write "RURAL")
(d) Street No. **2227 Ohio** (If rural, give location) **B**
(e) Citizen of foreign country? **yes** (Yes or No) **2**
- If yes, name country.....

In this community years, months or days

3. (a) PRINT FULL NAME **Lucille Rogers**

3. (b) If veteran, name war **no.** 3. Social Security No. **unknown**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Clarence** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **Nov 15 - 1910**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 7 28 hr. min.

9. Birthplace **Granite City - Ill. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife at Home**

11. Industry or business

12. Name **George Williams**

13. Birthplace **Pa** (City, town, or county) (State or foreign country)

14. Maiden name **Ada Hunsert**

15. Birthplace **New Mexico Mo - 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Williams**
(b) Address **2100 Illinois av.**

17. (a) **Burial** (b) Date thereof **7-14-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill Church, Granite City, Ill.**

18. (a) Signature of funeral director **Chas. J. ...**
(b) Address **1416 W. ... Granite City**

19. (a) **JUL 14 1943** (b) **J. F. Bedetti**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7-** day **14-**
year **43** hour **3:46** minute **A.** M.

21. I hereby certify that I attended the deceased from **7-8-43**, 19... to **7-14-43**, 19...
that I last saw her alive on **7-14-43**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis following appendicitis and pelvic disease**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy.....

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? While at work? (Specify type of place) (e) Means of injury.....

23. Signature **J. F. Bedetti** (M. D. or other) **M. D.**
Address **4930 Lindell, St. Louis** Date signed **7-14-43**

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

MOTHER FATHER

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.

Embalmer cert. filed separate

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.