S. No. 2
M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9399

Registrar's No. 2645

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2 City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 ds. (Specify whether
In this community 70 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 9 16

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3144 Maury Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HUGH JOSEPH RODDY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced mar. 1

6. (b) Name of husband or wife Catherine Roddy

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. (Month) 15 (Day) 1874 (Year)

8. AGE: Years 70 Months 1 Days 3 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Saloon keeper

11. Industry or business

FATHER
12. Name Peter Roddy
13. Birthplace not known (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Ellen Gilroy
15. Birthplace not known (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Thelma Siegler

(b) Address 5400 Arsenal St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 22-44 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av.

19. (a) MAR 20 1944 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18, year 1944 hour 7.10 minute p. M.

21. I hereby certify that I attended the deceased from Feb. 21, 1944 to Mar. 18, 1944, 19 ; that I last saw him alive on Mar. 18, 1944, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral Lobar Pneumonia	20 ds.
Due to Left Hemiplegia	4 ds.
Due to Senility	2/2/44x
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations

Of autopsy

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 Palmer Romaine Bowlish (M. D. or other)

Address 5400 Arsenal Date signed 3/19/44

(Licensed Embalmer's Statement on Reverse Side)

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 B Vollmer

Licensed Embalmer No. 4014

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, fact should be so stated above.