

No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

32145

FILED SEP 16 1946
318

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7788

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 12/17

(d) Street No. 300 Belt Ave.
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME ARLOWYNE ORR RODGERS..

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James L. D. Rodgers.

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

7. Birth date of deceased April 8 1883
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day

63	4	28	_____ hr. _____ min.
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9. Birthplace Barry, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Osteopathic-Physician.

11. Industry or business _____

MOTHER FATHER

12. Name John T. Orr.

13. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Marian E. Long.

15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Marian Elizabeth Rodgers.

(b) Address 300 Belt Ave.,

17. (a) Burial (b) Date thereof 9-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) SEP 7 1946 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1946 hour 1:50 minute P. M.

21. I hereby certify that I attended the deceased from Sept 2 to Sept 6 1946 to Sept 6 1946
that I last saw her alive on Sept 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung, metastatic 2 mos +

Due to Carcinoma of breast, right 2 yrs +

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Radical mastectomy 10/24/44
Ca of breast with axillary metastasis

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 Richard Sheffer (M. D. certifying) 9/6/46
Address 4500 Olive Date signed 9/6/46

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

arlowyns Orr Rodgers

Dr. Roland Kiffner
4500 Olive
FO 3800
1 to 3

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.