

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4888

2159C

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEMAY		1976 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS MATERNITY HOSPITAL				d. STREET ADDRESS (If rural, give location) 209 VIDA				1	
3. NAME OF DECEASED (Type or Print) a. (First) ANNA			b. (Middle) RUEGG		c. (Last) ROMACKER		4. DATE OF DEATH (Month) (Day) (Year) JUNE 3 49		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Nov 28, 1895		9. AGE (In years last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) 9			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME RUDOLPH RUEGG			13b. MOTHER'S MAIDEN NAME DORA HORTUNG			14. NAME OF HUSBAND OR WIFE BERNHARDT ROMACKER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Bernhardt Romacker				ADDRESS 209 VIDA	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of endometrium (uterus)				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 11-31-49		19b. MAJOR FINDINGS OF OPERATION Carcinoma of uterus both ovaries & left tube						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		21d. (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 48 ft. 172X					
22. I hereby certify that I attended the deceased from 4-3 , 1949, to 6-3 , 1949, that I last saw the deceased alive on 6-2 , 1949, and that death occurred at 2:15 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R. T. Hark				23b. ADDRESS 630 So Kings Highway St Louis Mo			23c. DATE SIGNED 6-8-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) 10 -		24b. DATE June 6-49		24c. NAME OF CEMETERY OR CREMATORY New St Marciano		24d. LOCATION (City, town, or county) (State) St Louis Mo			
DATE REC'D BY LOCAL REG. JUN 6 1949		REGISTRAR'S SIGNATURE J. B. Pasater			FUNERAL DIRECTOR'S SIGNATURE Genelle Vud 607420 Mich G				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed W E Morris.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3360.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.