

S. No. 300
v. 10.48

FILED NOV 14 1952

STANDARD CERTIFICATE OF DEATH

37123

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 344 Registrar's No. 2824

1. PLACE OF DEATH a. COUNTY <u>SAINT LOUIS;</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI.</u> b. COUNTY <u>ST. LOUIS;</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD;</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>967 NORTH GEYER.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u># 920 WOOD AVE.</u>			

3. NAME OF DECEASED (Type or Print) <u>LUCY WILCOX RODERICK</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 31 1952.</u>
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5. SEX <u>FEMALE.</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 27, 1901</u>	9. AGE (in years) (last birthday) <u>51</u>	# UNDER 1 YEAR Months	# UNDER 24 HRS. Days	# UNDER 1 Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home Housewife.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Wilcox</u>	13b. MOTHER'S MAIDEN NAME <u>Ada Bryan</u>	14. NAME OF HUSBAND OR WIFE <u>Chester Roderick</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Herman Ross, 920 Wood Ave., Kirkwood</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Standstill</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Complete Heart Block</u>		
	DUE TO (c) <u>4330</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 1-1-1950, to 10-31-1952, that I last saw the deceased alive on 10-31-1952, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Herman C. Ross</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1695 Brentwood Blvd</u>	23c. DATE SIGNED <u>11-1-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-31-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-2-52</u>	REGISTRAR'S SIGNATURE <u>Herkut R. Douke-McK</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. LUPTON & SONS</u>	ADDRESS <u>7233 DELMAR BLVD.</u>
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P. 1. (Licensed Embalmer's Statement on Reverse Side)

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

4-100

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.

Student
Student Embalmer

Signed Melvin L. Kesaper

Licensed Embalmer No. 405-2

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.