

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22089

FILED JUL 9 1956

State File No. 5918

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

|   |  |   |                            |
|---|--|---|----------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):<br>- a. STATE Missouri<br>b. COUNTY St. Louis, |                            |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, |  | c. LENGTH OF STAY (in this place)   | c. CITY OR TOWN Kirkwood 1 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital                              |  | e. STREET ADDRESS (If rural, give location) 470 N. Kirkwood Rd.   |                            |

|  |            |             |           |                                |         |       |        |
|--|------------|-------------|-----------|--------------------------------|---------|-------|--------|
| 3. NAME OF DECEASED (Type or Print) Effie Alderson Roddy | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH June 20, 1956 | (Month) | (Day) | (Year) |
|--|------------|-------------|-----------|--------------------------------|---------|-------|--------|

|               |                        |  |                               |                                    |                        |                       |                       |                        |
|---------------|------------------------|--|-------------------------------|------------------------------------|------------------------|-----------------------|-----------------------|------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 4, 1915 | 9. AGE (In years last birthday) 40 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 HRS. Hours | IF UNDER 15 MIN. Mins. |
|---------------|------------------------|--|-------------------------------|------------------------------------|------------------------|-----------------------|-----------------------|------------------------|

|   |  |  |                                     |
|---|--|--|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repairer | 10b. KIND OF BUSINESS OR INDUSTRY Brown Shoe Co. | 11. BIRTHPLACE (City and State or Foreign Country) Marion County, Illinois | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|--|--|-------------------------------------|

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| 13a. FATHER'S NAME Cyrus Alderson | 13b. MOTHER'S MAIDEN NAME Flossie Shont | 14. NAME OF HUSBAND OR WIFE Edgar F. Roddy |
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|---|-----------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | 16. SOCIAL SECURITY NO. Nil | 17. INFORMANT'S SIGNATURE OR NAME John Roddy, Salem, Illinois. | ADDRESS |
|---|-----------------------------|--|---------|

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast  |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Metastatic Carcinoma of chest wall, peritoneum, pleura                                  |   |  |                                  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Adeno carcinoma of left breast 170x | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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|   |  |   |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) No | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|---|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 7-29, 1955, to 6-20, 1956, that I last saw the deceased alive on 6-20, 1956, and that death occurred about 11:00 AM from the causes and on the date stated above.

|   |  |                          |
|---|--|--------------------------|
| 23a. SIGNATURE (Degree or title) Duff S. Allen M.D. | 23b. ADDRESS 18 Kingshighway St. Smith | 23c. DATE SIGNED 6-22-56 |
|---|--|--------------------------|

|   |                   |  |  |
|---|-------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL Removal | 24b. DATE 6-21-56 | 24c. NAME OF CEMETERY OR CREMATORY Local | 24d. LOCATION (City, town, or county) (State) Salem, Illinois. |
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|                                      |  |   |
|--------------------------------------|--|---|
| DATE REC'D BY LOCAL REG. JUN 22 1956 | REGISTRAR'S SIGNATURE Pearl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington, |
|--------------------------------------|--|---|

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..

Student.....  
Signature of Student Embalmer

Signed..... *G. W. Wilkinson*

Licensed Embalmer No. *357*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.