

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2514

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **110313**
St. **St. Louis**

File No. **71**
Registered.....
St. Ward)

2. FULL NAME

(a) Residence. No. **2405 Selena** St., **23** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 14 1925**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 9 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Infant**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Mo.**

10. NAME OF FATHER **Herman Roglin**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Nebraska**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Ella John**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis Mo.**
(STATE OR COUNTRY)

14. INFORMANT **Herman Roglin**
(Address) **2405 Selena St.**

15. FILED **9. 1927** **May 6 1927**
JAN **9. 1927** REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 2 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 1927** to **Jan 1927**
and I last saw her alive on **Jan 7 1927**, and that death occurred, on the date stated above, at **7:30 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dis Colitis
1198 (duration) yrs. mos. ds. **2**

CONTRIBUTORY (SECONDARY) **113B**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **Helen Youngman, M.D.**
1/2 1927 (Address) **2239 Brown**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Louis Mo** DATE OF BURIAL **1-4 1927**

20. UNDERTAKER **Wm Schumacher** ADDRESS **3013 Meramec**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

