

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

Do not use this space.

23239

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital**)

File No. **6936**

Registered No. **6936**

2. FULL NAME

(a) Residence. No. **4418th Grand St.** Ward. **11**

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **1 1/2** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 31 1927**

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

17. I HEREBY CERTIFY, That I attended deceased from **July 26 1927** to **July 31 1927** and that I last saw him alive on **July 31 1927** and that death occurred, on the date stated above, at **12:03 a.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 5 1907**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min. **20 2 26**

Right lower lobe pneumonia
146 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housework**
(b) General nature of industry, business, or establishment in which employed (or employer) **146th St**
(c) Name of employer

CONTRIBUTORY **Polio pneumonia** (SECONDARY) **due to Quinsy Sepsis** (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Michigan**

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

10. NAME OF FATHER **Louis Rogoz**

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

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Athens Michigan** DATE OF BURIAL **Aug 2 1927**

12. MAIDEN NAME OF MOTHER **Mary Wilson**

20. UNDERTAKER **A. W. McLaughlin** ADDRESS **1631 Mo. St.**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Michigan**

14. INFORMANT (Address) **City Hospital**

15. FILED **AUG 2 1927** **Mar 6 Starkey** REGISTERAR

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.

Devad