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.

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

Do not use this space.

10845

1. PLACE OF DEATH

County..... Registration District No. 791 File No. .....

Township..... Primary Registration District No. 1003 Registered No. 2666

City St Louis (No. 4453 Neosho St. ..... Ward)

2. FULL NAME Joseph Rogurski

(a) Residence. No. 4453 Neosho St., 15 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 9 mos. 23 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15-1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	12	9	23	

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

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

PARENTS

10. NAME OF FATHER Michael Rogurski

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

12. MAIDEN NAME OF MOTHER Petronella Stanick

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

14. INFORMANT Michael Rogurski
(Address) 4453 Neosho St

15. FILED MAR -9 1928 19.... Mary L. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 8 1928

17. I HEREBY CERTIFY, That I attended deceased from 9th Feby, 1928, to March 9, 1928, that I last saw him alive on March 9, 1928, and that death occurred, on the date stated above, at 9 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis Chronic
Rheum
MB 100
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Temp. Rapid Pulse
(Signed) Edward Kornish, M. D.
March 9. 1928 (Address) 433 Metropolitan Bldg

*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 Peter & Paul — DATE OF BURIAL Mar 12 1928

20. UNDERTAKER Hm. C. Moydell — ADDRESS 1926 Allen Ave