

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 1909 Chouteau Ave)..... St. Ward)

File No. 25940
Registered No. 7800

2. FULL NAME

(a) Residence. No. 1909 Chouteau Ave St. 22 Ward.
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John P. Rogers
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
62 | 10 | 11 |
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT John P. Rogers
(Address) 1909 Chouteau Ave
15. FILED JUL 28 1928 Max Esterline REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26, 1928
17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928 to July 26, 1928
and I last saw him alive on July 26, 1928, and that death occurred, on the date stated above, at 1:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Endocarditis
131
91A
..... (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Interstitial Nephritis
..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED
1290
NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) E. E. Emerson, M. D.
July 27, 1928 (Address) 3870 Eastern Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL July 30, 1928
20. UNDERTAKER Chas L. Geraghty ADDRESS 4822 Eads Ave

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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.

Dr. [unclear]
3870 Easton Ave