

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

Do not use this space.

**8113**

**1. PLACE OF DEATH**

County..... Registration District No. 11005  
 Township..... Primary Registration District No.....  
 City St. Louis, Mo. (No. 2600,  Arsenal)

File No.....  
 Registered No. 1760  
 St. 24th Ward

**2. FULL NAME** Sarah Rogers

(a) Residence. No. 2301 N. 10th St., 26 Ward.  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 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) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/5 1929

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

17. I HEREBY CERTIFY, That I attended deceased from 2/2, 1929, to 2/5, 1929, that I last saw her alive on 2/5, 1929, and that death occurred, on the date stated above, at 3:35 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15, 1853

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 1 20

Dysipelas of face (Nontraumatic)  
Myocarditis, Chronic  
 (duration) yrs. mos. 3 ds.

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

CONTRIBUTORY (SECONDARY) Pneumonia  
 (duration) yrs. mos. 3 ds.

9. BIRTHPLACE (CITY OR TOWN) New York  
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH 2301 N. 10th St. 900

10. NAME OF FATHER Unknown Simpson

DID AN OPERATION PRECEDE DEATH? No DATE OF 1/20/29

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

19. WHAT TEST CONFIRMED DIAGNOSIS? Aut. St. Clinical  
 (Signed) Arthur H. White, M. D.

12. MAIDEN NAME OF MOTHER Unknown Minkins

2/5, 1929 (Address) 2300 Arsenal St.

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

\*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.

14. INFORMANT Mrs. Maudie Blake  
 (Address) 2301 N. 10th

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Crematorium DATE OF BURIAL Feb. 7 1929

15. FILED Mar 1 1929  
 REGISTRAR

20. UNDERTAKER Hy Leidner and Co. N. Market

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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