

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

Do not use this space.

28117

1. PLACE OF DEATH

County St. Louis

Registration District No. 411

Township St. Louis

Primary Registration District No. 222

City St. Louis (No. 1222)

File No. _____

Registered No. 356

Ward _____

2. FULL NAME

(a) Residence. No. 1222 St. Louis 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

3. SEX

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Mrs. Bessie Rogers

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

Feb 19 - 1886

7. AGE

43

MONTHS

6

DAYS

7

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

City Employee

(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)

St. Louis Mo.

10. NAME OF FATHER

Irvin Rogers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Ellen Nunn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT (Address)

Mrs. Bessie Rogers
St. Louis Mo.

15.

FILED

8-17-1929 a. B. M. O. L. H.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

Aug 26 1929

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1929 to Aug 26, 1929 that I last saw him alive on Aug 12, 1929 and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic pulmonary heart disease
& nephritis
CONTRIBUTORY (SECONDARY) 924
1324

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ray E. Myers M. D.

8-27-1929 (Address) St. Louis Mo.

*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

DATE OF BURIAL

Trinity Park

8-28-1929

20. UNDERTAKER

ADDRESS

Wm. H. Lund Co. St. Louis Mo.

49
SEP 25 1929
10
5
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.

