OK R

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. 791 File No. 7493

Township ..... Primary Registration District No. 1003 Registered No. 1825

City St Louis (No. 1179a Hodiamont Ave. St. ..... Ward)

2. FULL NAME Rogers Leroy

(a) Residence. No. 1179a Hodiamont St., 5 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	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) June 1 - 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	6	8	9	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) St Roses School

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) France 9

PARENTS

10. NAME OF FATHER Louis Leroy

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

12. MAIDEN NAME OF MOTHER Fannie Seibt

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

14. INFORMANT Mr. Louis Leroy (Address) 1179a Hodiamont Ave.

15. FILED FEB 11 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 10, 1931, that I last saw him alive on Feb 10, 1931, and that death occurred, on the date stated above, at 4.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7 Measles
10 7A

..... (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Broncho Pneumonia

Secondary (duration) ..... yrs. ..... mos. 7 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? Clinical

(Signed) W. E. Harral, M. D.

2/11, 1931 (Address) 5994 Peymouth

*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
Calvary Cemetery	2-12 1931
20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5966 Easton ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.