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.

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

Do not use this space.

21444

1. PLACE OF DEATH

County ..... Registration District No. 791 1009

Township ..... Primary Registration District No. .....

City St Louis (No. 3439 Lafayette St. ..... Ward)

File No. .....

Registered No. 6009

2. FULL NAME Wilson H. Rogers

(a) Residence, No. 3439 Lafayette St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1872

7. AGE: YEARS 59. MONTHS 11. DAYS 1. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk City Hall

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Rates Dept 253

10. Date deceased last worked at this occupation (month and year) June 18 1932.

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chatham Ohio. 2

FATHER

13. NAME Orin Rogers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chatham Ohio.

MOTHER

15. MAIDEN NAME Cynthia Sanford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chatham Ohio.

17. INFORMANT (ADDRESS) Mrs Lillian Rogers 3439 Lafayette

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lodi Ohio. DATE June 29 1932

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 1631 Missouri

20. FILED JUN 28 1932 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17th, 1932, to June 26th, 1932

I last saw him alive on June 26th, 1932 Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Fever Acute	June 17th 1932
56B	
167A	
56	
Other contributory causes of importance:	
Bronchopneumonia Acute	June 21st 1932

Name of operation — Date of —

What test confirmed diagnosis? Phy. Fin. Diag. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) August G. Wichman, M. D.

(Address) 6194 Delmar Blvd