

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

Do not use this space.

37962

1. PLACE OF DEATH

County Registration District No. 751
 Township Primary Registration District No. 143
 City St. Louis Mo No. City Hospital 2 St. Ward)

File No.
 Registered No. 10704
 St. Ward)

2. FULL NAME

Sallie Rogers
 (a) Residence, No. 2950² Stanton 21 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
adh 50 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 35 234

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Illinois

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) a Gertrude Bechtel City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE father Dickerson DATE 12-3-32

19. UNDERTAKER (ADDRESS) A. F. Buddie Walton 2701 S. to do

20. FILED DEC-3-1932 Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-29-32 to 11-30-32, 1932

I last saw him alive on 11-30-32 1932 Death is said

to have occurred on the date stated above, at 5:11 m.

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

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? fluorostat 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?.....

If so, specify

(Signed) C. Smith, M. D.

(Address) City Hospital 2

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.

MARGIN RESERVED FOR BINDING

U. S. NO. 2

