

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

Do not use this space.

42329

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **10007**
City **St. Louis, Mo.** (No. **City Indivisible**)

File No.
Registered No. **11461**
St. Ward)

2. FULL NAME

(a) Residence, No. **28 Fernmary 5800 Arsenal** St., **13** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **4** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **James Merrifield**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 28, 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 7 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Hub**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at Home 2³⁵**
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) **Indiana 2**

MOTHER 13. NAME **Oscar Rogers**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Phila. Pa.**

15. MAIDEN NAME **Manda Wine Rogers**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Phila. Pa.**

17. INFORMANT **Mr. Clinard** (ADDRESS) **5800 Arsenal**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **Dec 28 1932**

19. UNDERTAKER **A. W. McLaughlin** (ADDRESS) **1631 Maryland Ave.**

20. FILED **DEC 23 1932** **W. J. St. Arley** Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 22 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1**, 19**32**, to **Dec 22**, 19**32**
I last saw her alive on **Dec 21**, 19**32** Death is said

to have occurred on the date stated above, at **8:30 a.m.**
The principal cause of death and related causes of importance were as follows:

Chr Myocarditis Date of onset
93c
91
102
Other contributory causes of importance:
Arterio-sclerosis
Hypertension
Senile Dementia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 **Dr Schumacher** (Signed) M. D.
(Address) **5600 Arsenal**

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.

