

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

Do not use this space.

7456

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 10583
 City St. Louis (No. 4449, Manchester) St. Ward

File No.
 Registered No. 1410
 St. Ward

2. FULL NAME

Ellen S. Rogers 18
 (a) Residence, No. 4449 Manchester St., Ward

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of L. J. Rogers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 9 12
 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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

FATHER 13. NAME Harrison Thompson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Sarah Pyle
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT Mrs. E. Boyle
 (ADDRESS) 4449 Manchester

18. BURIAL, CREMATION, OR REMOVAL PLACE Glendale Arizona DATE 2-10 19

19. UNDERTAKER Thompson & Son, Morticians
 (ADDRESS) 7104 Manchester Ave.

20. FILED 9-13-33 Wm. C. Taylor Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 1933

22. I HEREBY CERTIFY, That attended deceased from Feb. 6 1933, to Feb 7 1933
 I last saw her alive on Feb 7 1933. Death is said to have occurred on the date stated above, at 6:30 P. M.

The principal cause of death and related causes of importance were as follows:
Perforated peptic ulcer
Arteriosclerosis
 Date of onset 2
 Other contributory causes of importance: None

Name of operation None Date of
 What test confirmed diagnosis Clinical 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 no
 (Signed) Wm. C. Taylor, M. D.
 (Address) 919 N. Taylor 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.

RESERVED FOR BINDING

35. 6. 1964

Dr. W. G. L. S. 11258