

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

Do not use this space.

21730

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No.....
 City St. Louis (No. Fleming DeLoage Hospital) St. Ward)

File No.
 Registered No. **5534**

2. FULL NAME Howard Rogers

(a) Residence, No. Streator, Ill. St. 17 Ward. (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1920

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
13 - 7

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

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 8 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Fallon, Mo

13. NAME Henry Rogers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Fallon, Mo

15. MAIDEN NAME Clara Doran

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown Station, Mo

17. INFORMANT (ADDRESS) Jedrey Rogers (Father) St. Fallon, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection Church DATE 6/27, 1933

19. UNDERTAKER (ADDRESS) Dean Hoffmeyer, 4416 Chippewa St., St. Louis, Mo.

20. FILED 617 26 17 33 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1933 to June 24, 1933

I last saw him alive on June 24, 1933 Death is said to have occurred on the date stated above, at 10:55 A.M.

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

Neoplasm lateral ventricle (brain)
Pneumohyperplastic muscular dystrophy with cardiac dilatation
Status Lymphaticus

Other contributory causes of importance:

Persistent Myxoma

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

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) Mucet J. Pollock, M. D.
 (Address) 4159 Magnolia

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.

MAY 18 1950