

06

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.

AUG 16 1934

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital**)

File No. **26957**
Registered No. **7190**
Ward

2. FULL NAME **Lucina Rogers**

(a) Residence, No. **1001 1/2 Allen Ave** St. **23** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF August Rogers				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 5th, 1876.				
7. AGE YEARS 58	MONTHS 3	DAYS 15	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July, 20th, 1934**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **7:25 P.M.**
The principal cause of death and related causes of importance were as follows:
carcinoma of liver (non malignant)
Date of onset **48**

Other contributory causes of importance:

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, MO.
	13. NAME Unknown
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
	15. MAIDEN NAME Unknown
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
	17. INFORMANT (ADDRESS) Estell Riley 1001 1/2 Allen Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE 7-23-34	
19. UNDERTAKER (ADDRESS) Waecher-Heldrich 2331 S. Brownway	
20. FILED 11 21 1934 J. F. Bredeck Registrar.	

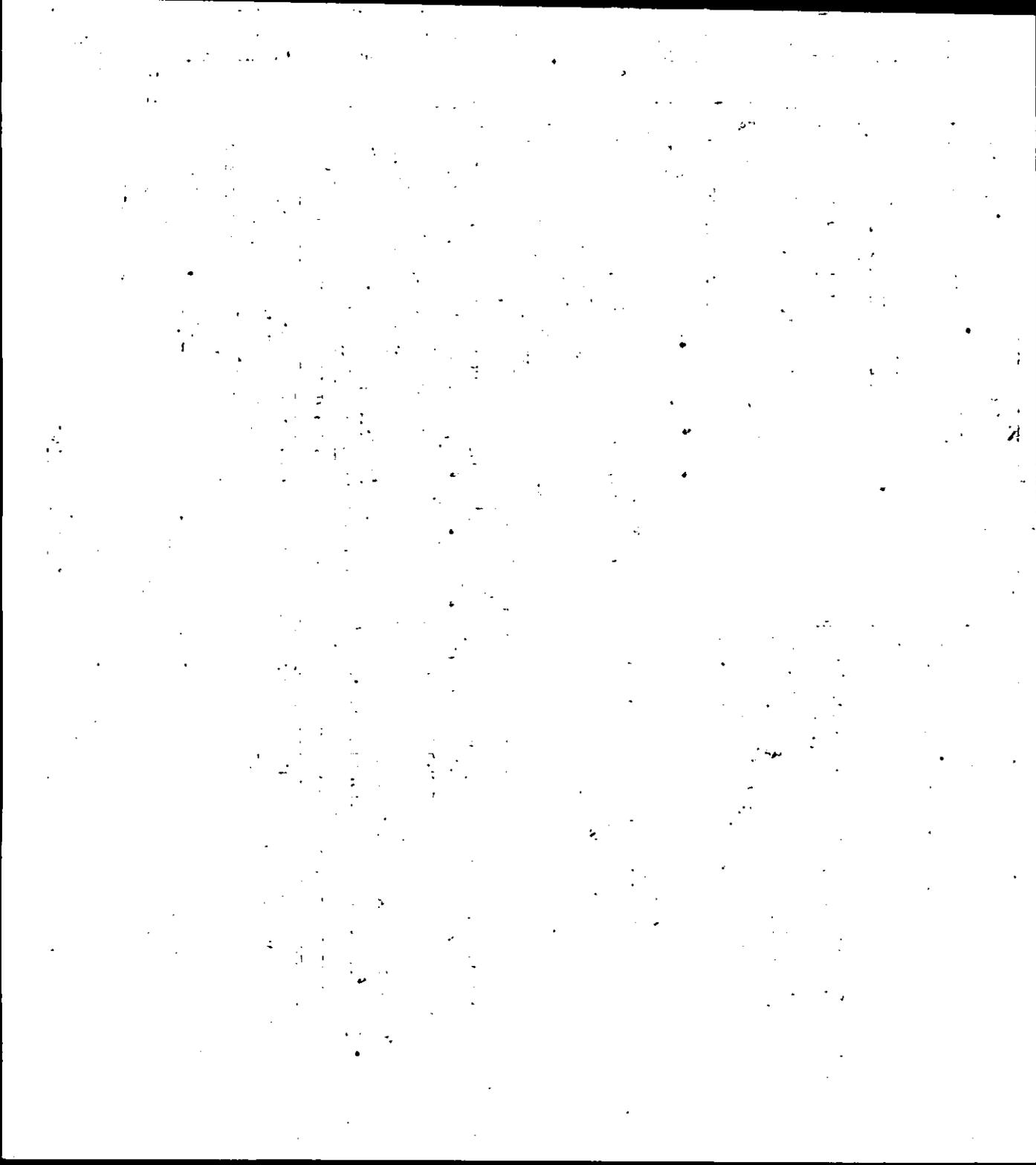
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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.....
(Signed) **Harold Riley**, M. D.
(Address) **Dixie**

MISSOURI STATE BOARD OF HEALTH - THIS IS A PERMANENT RECORD



#2
St. Louis

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.
7190

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Lucina Rogers
Who died at City Hosp. on July - 20 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 58 Months 3 Days 15

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 4 Year 18

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Carcinoma of Cervix (Malignant)

Malignant Carcinoma of Cervix

Other contributory causes of importance _____

Name of operation Carcinoma Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar J. Bredich 9-21-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791

Very truly yours,

Primary Reg. Dist. No. 1003

E. T. McGaugh, M.D.
Special Agent.

5-26957