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.

APR 11 1936

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

Do not use this space.

12758

File No. 2807

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3623 A Hartford St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Joe Rogers

(a) Residence, No. St., 16 Ward.
(Usual place of abode) (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: 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: Joseph Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 6 1879

7. AGE: Years 56 Months 11 Days 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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): Mo.

FATHER

13. NAME: Frank Menten

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Catherine Decarette

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Joseph Rogers 3623 A Hartford St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Mch 16 1936

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly & Co 3840 Lindell Blvd

20. FILED MAR 14 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1936 to Mar 13, 1936

I last saw him alive on Mar 7, 1936. Death is said to have occurred on the date stated above, at 2 30 A.m.

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

	Date of onset
Chr. Myocarditis	1935
(without stones) 131	

Other contributory causes of importance:

Chr. Cholecystitis	1935
Chr. Glomerulo Nephritis	1935
Hypertension	1935

Name of operation: 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.

None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. E. McGurk, M. D.

(Address) 3549 Wyoming

3547 Wyoming
Pic 45-85
2 30 3