

SEP 29 1936

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

Do not use this space.

32289

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton

Registration District No. 790
Primary Registration District No. St. Louis Co. 1st

File No. _____
Registered No. 302
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1620 Stoddard St. _____ 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 Female 4. COLOR OR RACE Colored 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) Jan. 2 - 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Lexa, Ark.

13. NAME Lealey Rogers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

15. MAIDEN NAME Susie B. Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT Susie B. Rogers (ADDRESS) 1620 Stoddard

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's place DATE 8-8-36

19. UNDERTAKER (ADDRESS) J. C. Lewis & Sons

20. FILED 8/27/36 De G. Squarrelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw her alive on 8/6, 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Bronchial pneumonia (Primary) Date of onset 10/7/36

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chine 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) Robert D. Schuler, M. D.

(Address) St. Louis Co. 1st

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.

