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.

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

JAN 19 1937

Do not use this space.

42457

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No.

Township Central — Primary Registration District No. 6033 E — Registered No. 437

City Clayton (No. En route to St. Louis County Hosp. St. Ward)

2. FULL NAME Thomas Lewis Rogers

(a) Residence, No. 7417 Lohmeyer St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 13, 1911

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
25	7	6	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jefferson County

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) St. Louis, Mo.

FATHER

13. NAME Thomas J. Rogers

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

MOTHER

15. MAIDEN NAME Anna Muick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Vida Belle Rogers
(ADDRESS) 7417 Lohmeyer Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE 11/23/36, 19

19. UNDERTAKER Edith E. Lemmyster
(ADDRESS) 4234 Manchester Ave

20. FILED 11/22, 1936 Dell J. Tagiavelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/19/36, 19

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 9.00 P. M.

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

	Date of onset
Deep lacerations in face and neck. Brain hemorrhage, laceration of left kidney. Sec; Internal and external hemorrhage. Shock. Auto collision.	

Other ~~contributory causes of importance~~ Verdict of Jury; Due to automobile accident. Owing to lack of evidence, case open verdict for further investigation.

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) Luke B. Quinn 11/21/36, M. D.

(Address) 9718 Jimmy Rd.

Crown St. Louis Co. Mo.

APR 16 1948