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.

JAN 10 1937

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

1. Do not use this space. 46913

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 12735

City St. Louis, Mo. (No. 4320, Taft Ave. St. ..... Ward)

2. FULL NAME James Rogers

(a) Residence, No. 4320 Taft Ave. St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 42 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 Johanna Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1867.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	I	23	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) II-26-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

FATHER

13. NAME Henry Rogers

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Johanna Rogers 4320 Taft Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old SS Peter, Paul DATE I2-28-36, 19

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 S. Kingshighway.

20. FILED DEC 28 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) I2-26-36, 19

22. I HEREBY CERTIFY, That I attended deceased from August 31 1936, to Dec. 26 1936, 19

I last saw him alive on Dec. 25, 1936. Death is said to have occurred on the date stated above, at 2:20 A.M.

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

	Date of onset
Carcinoma (Cancer) of Stomach & Lungs	3 Months
primary seat in stomach	

Other contributory causes of importance: None

46 E

Name of operation — Date of .....

What test confirmed diagnosis? Physical Lab. 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.

Manner of injury .....

Nature of injury .....

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

If so, specify .....

(Signed) Dr. W. H. Walters M. D.

(Address) 3608 So. Grand Blvd.

Walter 3608 Sec 21