

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

Do not use this space.

4325

1. PLACE OF DEATH

County St. Louis

Township MO.

City St. Louis

FEB 8 1937

Registration District No. 1003

Primary Registration District No. 4428 Aldine

File No. 1389

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4428 Aldine St. 11 Ward 1

(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 male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-28-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil.
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) St. Louis (STATE OR COUNTRY) MO.

13. NAME Julian Rogers

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MO.

15. MAIDEN NAME Silvia King

16. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY) 3

17. INFORMANT Julian Rogers (ADDRESS) 4428 Aldine

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 2-1-1937

19. UNDERTAKER Manuel Smith (ADDRESS) 4059 Juney

20. FILED JAN 31 1937 J. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1937, to 1-30, 1937

I last saw him alive on 1-30, 1937. Death is said to have occurred on the date stated above, at 7 a. m.

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

acute Bronchitis Date of onset 1-27-37

Other contributory causes of importance: aga.

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) Dr. Edward Beebe, M. D.
(Address) 2901 E. Locust Ave.

St Louis Mo.

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.

Dr. Bell
Seckard