OCT 14 1937

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

32652
Do not use this space.

1. PLACE OF DEATH
(a) County 2 Registration District No. 791
(b) Township Primary Registration District No. 1003 Registered No. 8706
(c) City St. Louis Mo (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 1½ ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lola G Rogers
(a) Residence, No. St. RR Jerseyville Ill.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: E. Clifford Rogers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 8th, 1897
7. AGE: 39 — YEARS 40, MONTHS 1, DAYS 8; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) June 2, 1937
11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (CITY OR TOWN) Norborne, (STATE OR COUNTRY) Missouri

FATHER
13. NAME Mose W. Whitley
14. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Effie Zwicky
16. BIRTHPLACE (CITY OR TOWN) Allville, (STATE OR COUNTRY) Missouri

17. INFORMANT E. Clifford Rogers
(ADDRESS) Jerseyville, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jerseyville, Ill. DATE Sept. 18th 37

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED SEP 17 1937 J. S. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-14-1937, to 9-16-1937
I last saw her alive on 9-16-1937. Death is said to have occurred on the date stated above, at 4:35 a.m.
The principal cause of death and related causes of importance were as follows: Date of onset

Addison's Disease ?

Other contributory causes of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? .... 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) Robert Elliott, M. D.
(Address) BARNES HOSPITAL,

(Licensed Embalmer's Statement on Reverse Side)

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.

22-8992

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STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)