

WRITE PLAINLY WITH UNLOADING INK---THIS IS A PERMANENT RECORD

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.

REC'D JUL 12 1938

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

20540
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No..... **791**

(b) Township..... Primary Registration District No..... **1008**

(c) City..... **St. Louis** (d) Street No. **City Hospital No. 1** 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. **4 3 5**

D. **1039**

2. PRINT FULL NAME..... **Rogers Alton**

(a) Residence, No. **Laclede Hotel** St. **25** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, give county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **single** (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 1 st. 1877**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
6	65	#	20	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) **5/17/38**

11. Total time (years) spent in this occupation **4 yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

FATHER

13. NAME **Thomas Alton** **0**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland** **5**

MOTHER

15. MAIDEN NAME **Margaret Hearty** **5**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Hosp. Info M. Kent**
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cem** DATE **6/24 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Marigan & Shanks, 4415 Washington Blvd**

20. FILED **JUN 23 1938** **J. D. Bredech**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/21/38**, 19

22. **4/21/38** I HEREBY CERTIFY, That I attended deceased from **6/21/38**, 19

I last saw him **live** on **6/21/38**, 19. Death is said to have occurred on the date stated above, at **5.55 p.**

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

Arteriosclerotic heart disease & decompensation

Date of onset **?**

Other contributory causes of importance:

Name of operation **none** Date of **no**

What test confirmed diagnosis? **Clinical** 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 **Thos W. Soam**, M. D.
(Signed) _____
(Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Albert G. Hoppe, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Albert G. Hoppe*

Licensed Embalmer No. *2961*

P. O. Address *St. Louis, Mo*

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.)

If this body is not embalmed, above space should be left blank.