

REC'D JAN 11 1939

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

791

1008

41255

Do not use this space.

Registered No. 10947

1. PLACE OF DEATH

- (a) County..... Registration District No. 2
(b) Township..... Primary Registration District No.
(c) City ST. LOUIS (d) Street No. 4569 ALICE AVE 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.

2. PRINT FULL NAME

- 267 ANNA M. ROGERS
(a) Residence, No. 4569 ALICE AVE. St. 9 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>CHARLES A. ROGERS</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JUNE 12, 1868</u>				
7. AGE	YEARS <u>70</u>	MONTHS <u>6</u>	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSEWORK</u>			
	9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) <u>HUBBARDSTON - MASSACHUSETTS</u>				
FATHER	13. NAME <u>JOAL WARD</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS) <u>Charles A. Rogers</u> <u>4569 Alice Ave</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Dec 21, 1938</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. M. W. Schumacher</u> <u>4834 Natural Bridge</u>				
20. FILED <u>J. D. [Signature]</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1937, to Dec. 18, 1938
I last saw him alive on Dec. 17, 1938.. Death is said to have occurred on the date stated above, at 6:5 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma - head of pancreas
Hypostatic pneumonia (bronchopneumonia)
Other contributory cause of importance:
Hb
Name of operation none 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? no
If so, specify
(Signed) John A. Hartwig, M.D. M. D.
(Address) 2743 N. Grand Blvd.

DEC 21 1938

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING 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.

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5014-10-2-38

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,

John Hetter

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No. 3880

P. O. Address

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.