REG'D MAY 10 1939

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

791
1003

13204
Do not use this space.

1. PLACE OF DEATH
(a) County /
(b) Township /
(c) City St. Louis. Mo /
Registration District No.
Primary Registration District No.
Registered No. 3546
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 262 Rogers Harrison B.
(a) Residence, No. St. NR Union. Mo
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bridget Ella Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 10th, 1888

7. AGE: Years 50 | Months 4 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Restaurant Op'tr.
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): Oakland Mo.

FATHER
13. NAME: John Rogers. g
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk'n. g

MOTHER
15. MAIDEN NAME: Peggy Ann Crowder.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk'n.

17. INFORMANT: Bridget Ella Rogers.
(ADDRESS) Union Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Mo. DATE 4/19/39. 19

19. FUNERAL DIRECTOR (NAME) A. H. Hoppe Inc.,
(ADDRESS) 4700 Washington Blvd.

20. FILED APR 17 1939 19 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16- 19 39

22. I HEREBY CERTIFY, That I attended deceased from 4-10-39, 19 39, to 4-16, 19 39
I last saw him alive on 4-16-, 19 39 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, extensive, bilateral	2 yr
Tuberculosis laryngeal and tracheal	

Other contributory causes of importance:
Cardiac decompensation

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) [signature], 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.

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, ...

....., or by .....

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

Signed Guy W. Wilkinson

Licensed Embalmer No. 3 5 7 5

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.