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

42778
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, 2 Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 1252
(c) City St. Joseph, 1 (d) Street No. 1928 Francis 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 68 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Louisa Gertrude Rogers,
(a) Residence, No. 1928 Francis St. (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Philip Rogers,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb'y 19, 1864
7. AGE: YEARS 75 MONTHS 9 DAYS 13 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home,
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): Wheeling, West Virginia, 1

FATHER
13. NAME: Louis Sommer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, 6 Germany, 6

MOTHER
15. MAIDEN NAME: Gertrude Hemrickausen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany,

17. INFORMANT (ADDRESS): Miss Louise Rogers 1928 Francis Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE Dec. 4th, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Healy - Berger & Bowen 319 So. 10th. Str. Funeral Home
20. FILED Dec 4, 1939 H. J. Nestlebust 8 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2nd, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937, to December 2, 1939
I last saw her alive on December 2, 1939 Death is said to have occurred on the date stated above, at 4:03 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 36 hrs |
| 820 | |
| Other contributory causes of importance: Arteriosclerosis, general | ? |

Name of operation - Date of
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? no
If so, specify
(Signed) H. W. Earle, M. D.
(Address) Phys. & Surgs. Bldg., St. Joseph, Mo.

(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.

X14028

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, Dec. 2, 19.

or by

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

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address St. Joseph 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.**