

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2116

REG APR 25 1940
Registration District No. 797

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos.
(Specify whether _____)
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4338 N. 20 Str.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 Years years

3. (a) PRINT FULL NAME Fred Rogenhofer

3. (b) If veteran, name war None
3. (c) Social Security No. 492-12-119A

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Rogenhofer
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 2, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>2</u>	<u>29</u>	_____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) Germany

10. Usual occupation Unemployed Paint Maker

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Rogenhofer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Christine Joss
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Doerr
(b) Address 4338 N. 20 Str.

17. (a) Burial (b) Date thereof Mar 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director _____
(b) Address 2117 E. Grand Blv.

19. (a) MAR 2 1940 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1,
year 1940 hour 8:20 minute A. M.
21. I hereby certify that I attended the deceased from January
1, 1940 to March 1, 1940
that I last saw him alive on March 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of Larynx
Abscesses of Lungs

Duration

13 mos.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations Carcinoma of Larynx
Abscesses of Lungs
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Amey J. [unclear] (M. D. or other)
Address 1515 Lafayette Date signed 3/1/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39
U. S. G. P. 161511

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.....

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.