V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9479

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 2962

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

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 das (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 2027 Walnut
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Tom Rogers

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ------

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased August 2, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	7	8	hr. min.

9. Birthplace XXXXX (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Nil

11. Industry or business XXX

FATHER
12. Name Charlie Rogers
13. Birthplace XXXX (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Rosie White
15. Birthplace XXX (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Florence A Spotts
(b) Address 2601 N Whittier

17. (a) (Burial, cremation, or removal) (b) Date thereof 3/15/40 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Ritter
(b) Address 3500 Ritter

19. (a) MAR 29 1940 (Date received local registrar) J. F. Bledsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1940 hour 6:35 minute A M.

21. I hereby certify that I attended the deceased from March 8, 1940, to March 10, 1940;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis ?	6 mos to 1yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

23

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)
Address 2601 N Whittier Date signed 3/10/40

(Licensed Embalmer's Statement on Reverse Side)

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._____

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.