DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12805

Registrar's No. 3007

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis Children's Hosp. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Hrs (Specify whether

In this community
years, months or days) 262

3. (a) PRINT FULL NAME Rogers, Lloyd George

3. (b) If veteran, name war Child

3. (c) Social Security No. Child

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Child

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

7. Birth date of deceased 4 - 16 - 39
(Month) (Day) (Year)

8. AGE: Years 0 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business " 1

FATHER
12. Name Lloyd George
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alfreda Buchhiet
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature S. Vedder
(b) Address 416 S. Kingshighway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Litchfield Ill.

18. (a) Signature of funeral director Albert W. Hoppe
(b) Address 4700 Washington Av.

19. (a) APR 1 1940 (Date received local registrar) (b) J. F. Buckeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Le May NR
(If outside city or town limits, write "RURAL")

(d) Street No. 411 Little Broadway
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31
year 40 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from 3-30, 1940, to 3-31, 1940; that I last saw him alive on 3-31, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital Heart Disease	10 mo
Due to (Cor-tricolor, patent foramen ovale, dextra aorta.	
Due to absence of pulmonary artery & atresia of tricuspid valve)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy (as above)	

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

23. Signature R. [illegible] (M. D. or other)
Address 500 So. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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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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 J. G. Sullivan

Licensed Embalmer No. 1122

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.