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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12815
Registrar's No. 3245

Registration District No. 7911

Primary Registration District No. 1003

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

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
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

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

In this community.....
(years, months or days)

3. (a) PRINT FULL NAME Charles Rogers

3. (b) If veteran, name war. Unknown

3. (c) Social Security No. Unknown

4. Sex. Male 0 5. Color or race. White

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

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

7. Birth date of deceased. March 25, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 13 hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation. Nil.

11. Industry or business. Nil.

MOTHER FATHER { 12. Name Charles Rogers

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

14. Maiden name Unknown (Murphy)

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

16. (a) Informant Ann Morrison

(b) Address. St. Louis City Hospital #1.

17. (a) (Burial, cremation, or removal) St. Louis City Hospital #1

(b) Date thereof. 4-12-41
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director [Signature]

(b) APR 15 1941

19. (a) (Date received local registrar) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00024

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

(d) Street No. 3244 Pennsylvania
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7. year 1941 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from April 5, 1941 to April 7, 1941

that I last saw him alive on April 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage of the stomach

Duration [Signature]

Due to [Signature]

Due to [Signature]

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy [Signature]

PHYSICIAN [Signature]

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 0

23. Signature H. M. Fitzgerald (M. D. or other) 0

Address 1515 Lafayette Ave. Date signed 4/19/41

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, fact should be so stated above.