

Registration District No. 791

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 Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County NR 999
(c) City or town Tulsa NR 94
(If outside city or town limits, write "RURAL")
(d) Street No. 2445 N. Austin 0
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5
year 1941 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from
August 14, 1941, to September 5, 1941;
that I last saw her alive on September 5, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Massive pulmonary
hemorrhage

Duration
5 min.

Due to Empyema 2 wks
Due to lobectomy for lung abscess 3 wks
Other conditions
(Include pregnancy within 3 months of death)
11

PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations lung abscess
cause unknown
Of autopsy.....

3. (a) PRINT FULL NAME Louise Margaret Rogers
3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Austin 6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased Nov. 16 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 9 19 hr. min.

9. Birthplace Topeka / Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Vern Schein
13. Birthplace Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Stuart
15. Birthplace Topeka / Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Austin Rogers
(b) Address Tulsa, Okla.

17. (a) Removal (b) Date thereof 9/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Topeka, Kansas.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) SEP 6 1941 (b) J. Biedeck
(Date received local registrar) (Registrar's signature)

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 JR Bradley (M. D. or other) 0
Address BARNES HOSPITAL Date signed.....

7229

3 1951 C N/A

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 W. Wilkins

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.