. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30308

FILED OCT 18 1941

Registration District No. 79 Primary Registration District No. 1003 Registrar's No. 7647

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: 1817 A S. BROADWAY B
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether in this community, years, months or days) Route City Hosp

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COO

(c) City or town ST. LOUIS 23 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1817 A S BROADWAY 9
(If rural, give location)

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

3. (a) PRINT FULL NAME CAPTIAN HARRY ROGERS.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARGARET ROGERS

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

7. Birth date of deceased OCTOBER (Month) 22 (Day) 1873 (Year)

8. AGE: Years 67 Months 10 Days 30 If less than one day hr. min.

9. Birthplace CINCINNATI (City, town, or county) / OHIO (State or foreign country)

10. Usual occupation CAPTIAN - BOAT.

11. Industry or business RIVER PACKET Co.

FATHER
12. Name HENRY ROGERS
13. Birthplace CINCINNATI (City, town, or county) / OHIO (State or foreign country)

MOTHER
14. Maiden name LOUISE UNK.
15. Birthplace LOS ANGELES. (City, town, or county) / CALIFORNIA (State or foreign country)

16. (a) Informant Bernard A Rogers
(b) Address 3572 S. Compton av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEP 24 1941 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmurr
(b) Address 3125 Lafayette Av.

19. (a) SEP 23 1941 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 21 year 1941 hour 11 15 minute P M.

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

Immediate cause of death: Pulmonary Emphysema
Interstitial Nephritis Chronic
Myocarditis When deceased was
Discovered Lying at the foot of the
Steps Leading from the Second
Due to floor of the building
at 1817 So Broadway on Sept 21
Other conditions: Alcohol 11 P.M.
(Include pregnancy within 3 months of death)

Duration

Major findings of operation: 1 6 2 1 W

Of autopsy: 18

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) Accident
(b) Date of occurrence Sept 21-1941 0 0 0
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thomas F Callaman (M.D. or other)
Address Deputy Coroner Date signed 9/23/41

(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.....Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave

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.