

FILED FEB 4 1943 318

Registration District 1943

Primary Registration District No. 1003

Registrar's No. 967

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(c) Name of hospital or institution: 3423 Shenandoah Av.
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 000 19
(c) City or town: St. Louis 717
(d) Street No.: 3423 Shenandoah Av.
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME: Viola V. Rogers

3. (b) If veteran, name war: no. 3. (c) Social Security No.: 720

4. Sex: Female 5. Color or race: white 6. (a) Single, widowed, married, divorced, or single: Single

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

7. Birth date of deceased: Sept. 22 1853

8. AGE: Years 89 Months 4 Days 7 If less than one day hr. min.

9. Birthplace: Otterville Illinois

10. Usual occupation: at home

11. Industry or business

12. Name: Noah Rogers

13. Birthplace: Indiana

14. Maiden name: Sarah McDaniels

15. Birthplace: Illinois

16. (a) Informant: Ada Johnson

(b) Address: 3423 Shenandoah Av.

17. (a) Removal: (b) Date thereof: 1-30-43

(c) Place: burial or cremation: Otterville Ill.

18. (a) Signature of funeral director: With Bro. L. H. C.

(b) Address: 2929 S. Jefferson Av.

19. (a) Date received local registrar: JAN 30 1943 (b) Registrar's signature: J. B. Bullock

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 29 year: 1943 hour: 9 minute: 15 a. M.

21. I hereby certify that I attended the deceased from 11-27-42 to 1-29-43 that I last saw her alive on 1-29-43 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis Duration: 1 year

Due to: Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (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: O. C. Phillips M.D. Address: 45235 King Highway Date signed: 1/29/43

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

MOTHER FATHER

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.....

Edgar F. Witt

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Edgar F. Witt*

Licensed Embalmer No. *2117*

P. O. Address *2929 S. Jefferson 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.