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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1633

FILED JUL 24 1943 17
Registration District No. _____

Primary Registration District No. 3068

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

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1. PLACE OF DEATH:
(c) County St. Louis
(b) City or town Maplewood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home #
(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

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Daniel Nevin Rogers 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 18 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 27 _____ hr. _____ min.

9. Birthplace Chariton Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER { 12. Name Andrew Barrow
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Mary Jane Young
15. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Johnson
(b) Address 4024 Hartford

17. (a) Removal (b) Date thereof 7/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chariton, Iowa

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

19. (a) Jul 17 1943 (b) C. S. McLean, M.D.
(Date filed with Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000/17
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4024 Hartford Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1943 hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from June 28, 1943 to July 14, 1943, 19____;
that I last saw her alive on July 14, 1943, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis
Duration Unknown

Due to Infirmities of age.

Due to q2 d

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

Major findings: Of operations _____
Of autopsy _____
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? _____

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

23. Signature Thos. J. Reel (M. D. or other) _____
Address 7465 Hazel, Maplewood Date signed 7/16/43

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 *Albert J. Hopp*
.....
Licensed Embalmer No. *861*

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.