S. No. 2
0M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3684E

State File No. 10394

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 921
(If outside city or town limits, write "RURAL")

(d) Street No. 3142 Cass
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Caretha Rogers

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Female 5. Color or race Col

6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ yes

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased July 6 1922
(Month) (Day) (Year)

8. AGE: Years 21 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Fort Smith Ark
(City, town, or county) (State or foreign country)

10. Usual occupation school girl

11. Industry or business none

FATHER
12. Name Lucy Rogers
13. Birthplace Fort Smith Ark
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Stamps
15. Birthplace Fort Smith, Ark
(City, town, or county) (State or foreign country)

16. (a) Informant James Rogers
(b) Address 3042 Cass

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof NOV 27 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Fort Smith, Ark

18. (a) Signature of funeral director J. L. Ottaway
(b) Address 2221 Franklin

19. (a) NOV 27 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26, year 1943 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from November 14, 1943, to November 26, 1943; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Disseminated Pulmonary Tuberculosis	Unk.
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alva Moore (M. D. or other)

Address 2601 Whittier Date signed 11/26/43

844

(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 James A. Chisam

Licensed Embalmer No. 3522

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.