

S. No. 2
DM-5-43
7-5-17-39
I X36471

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43315

FILED JAN 10 1944
Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 295-8

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8840 Braecland Ave. 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 8840 Braecland Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ROGERS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Louis Rogers 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Dec. 20 1908
(Month) (Day) (Year)

8. AGE: Years 35 Months 0 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Tennessee
(City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Arthur Anderson
13. Birthplace Waverly Kentucky
(City, town or county) (State or foreign country)
14. Maiden name Miss Galy
15. Birthplace Unknown Minnesota
(City, town or county) (State or foreign country)

16. (a) Informant Floyd H. Rogers
(b) Address 4423 Miami Ave

17. (a) Burial (b) Date thereof 12-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Spiegelsberger Mortuary
(b) Address 4828 So. Kingshighway Blvd.

19. (a) DEC. 30 1943 (b) E. J. McHarvey, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1943 hour 10:05 minute 4 M.

21. I hereby certify that I attended the deceased from Nov. 28 - 43 to Dec. 28. 43
that I last saw him alive on Dec. 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Intestine
Due to _____

Due to Don't know

Other conditions 198
(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) 210
(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 E. J. McHarvey M.D. (M. D. or other)
Address 9221 Midland Date signed 11-24-43

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

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

MAY 4 1949

Dr Finley 9-10 of 2-3
Smith of Woodrow

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..... *Edwin D. McNamee*

Licensed Embalmer No. 3024

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.