

FILED MAR 13 1944

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2088

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: 2626 Howard St.
(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 Mary Maragret Rogers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Peter J. Rogers 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug. 22nd, 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 8 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name James Kearns
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Mc Guirk
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Peter J. Rogers
(b) Address 2626 Howard St.

17. (a) Burial (b) Date thereof 3-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) WAR 2 1944 (b) J. J. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1720
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2626 Howard St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st.
year 1944 hour 1.00 minute P. M.

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

Immediate cause of death Paraplegia
Due to Cerebral Hemorrhage

Due to Hypertension

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

Major findings: 82
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? _____
(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 Ann Spaul (M. D. or other) _____
Address 2416 N. Grand Date signed 3/12/44

Duration

5 days

10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

A.M. Trapp
2416 N. Grand St
10-11
Jr 4270

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed A. G. Smithers
Licensed Embalmer No. 3916
P. O. Address 3710 N. Grand St

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.