

FILED APR 20 1944

Registration District No. **318**

Primary Registration District No. **L 1000**

Registrar's No. **3484**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **3404 Laclede**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **10yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **3434**

(c) City or town **St. Louis** **00118**
(If outside city or town limits, write "RURAL")

(d) Street No. **3404a Laclede Ave**
(If rural, give location)

(e) Citizen of foreign country? **9** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Reba M. Rogers**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **Female** Color or race **Colored**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **McKinley Rogers**

6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **Nov. 23 1914**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4-8** day year **1944** hour **8** minute **30 P.**

21. I hereby certify that I attended the deceased from **4-7-1944** to **4-8-1944** that I last saw her alive on **4-5-44** and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
29	4	15	hr. _____ min.

Immediate cause of death: **Paralysis Rupture Intercostal Artery**

Duration **2 da**

9. Birthplace **Weakley Co. Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

Due to **Atherosclerosis** **9 da**

Other conditions **None**
(Include pregnancy within 3 months of death)

12. Name **James Thomas**

13. Birthplace **Weakley Co. Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Dumas**

15. Birthplace **Paris Tenn.**
(City, town, or county) (State or foreign country)

Major findings: Of operations **no**

Of autopsy **no**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **McKinley Rogers**

(b) Address **3404a Laclede Ave**

17. (a) **Removal** (b) Date thereof **4-14-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Martin, Tenn.**

18. (a) Signature of funeral director **Peoples Und. Co.**

(b) Address **3100 Frankl in Ave.**

19. (a) **APR 14 1944** (b) **J. J. Budeck**
(Date received local registration) (Registrar's signature)

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 **L. E. Vincent** (M. D. or other) _____

Address **2336a market** Date signed **4-11-44**

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

20
17
9

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

John G. Petrus

Licensed Embalmer No. *4184*

P. O. Address *St. Louis, Mo*

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.