V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26549

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 7381

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: The Barnard Free Skin and Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 2 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 ft
(If outside city or town limits, write "RURAL")

(d) Street No. 2407 North Prairie
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HARRY L. ROGERS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Luella Rogers

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased December (Month) 21 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
64 648	8	2	hr. min.

9. Birthplace Kaskaskia (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Robert L. Rogers
13. Birthplace Columbia (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Carolin Leavitt
15. Birthplace North Gage (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Luella Rogers
(b) Address 2407 N Prairie Av

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 North Grand Blvd.

19. (a) AUG 25 1944 (Date received local registrar) (b) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1944 hour 11 minute 25 P M.

21. I hereby certify that I attended the deceased from August 21st, 1944, to August 23, 1944; that I last saw him alive on 8-23-44, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of the Pharynx	3 mos
Due to	
Due to	
Other conditions Acute hepatitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations [illegible] titis
Of autopsy Cancer pharynx, acute hepatitis, hypostatic pneumonia, bile nephrosis

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 H. Allen M.D. (M. D. or other)

Address 3427 Washington St. Louis Mo. Date signed 8-24-44

(Licensed Embalmer's Statement on Reverse Side)

Emb. cert. filed separately

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.....

Licensed Embalmer No.....

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.