

S. No. 2
M-2-43
5-17-39
X33697

FILED SEP 3 1945

Primary Registration District No. 1003

Registrar's No. 7290

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Clara Rogaschnik

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

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

6. (b) Name of husband or wife Louis Rogaschnik 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 22 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months 10 27 20 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country?)
Housewife

10. Usual occupation _____

11. Industry or business _____

12. Name John L. Burkhardt

13. Birthplace Illinois
(City, town, or county) (State or foreign country?)

14. Maiden name Mary Franklin

15. Birthplace Unknown
(City, town, or county) (State or foreign country?)

16. (a) Informant Louis Rogaschnik

(b) Address 7517 Tennessee ave.

17. (a) Burial (b) Date thereof Aug. 22, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director C. Hoffmeister U&L Co.

(b) Address 7814 S. Broadway

19. (a) AUG 21 1945 (Date received by local registrar) J. F. Bredich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7517 Tennessee. ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1945 hour 6 minute 35 A.M.

21. I hereby certify that I attended the deceased from 8/14/45
19____, to 8/19/45, 19____

that I last saw h. er alive on 8/19/45, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma of uterus

Due to _____

Due to _____

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

Major findings: _____ PHYSICIAN _____
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 James J. Stut (M. D. or other)

Address 1515 Lafayette 8/20/45

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

MOTHER FATHER

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

Harry J. Schumacher

Licensed Embalmer No.

2679

P. O. Address

7814 S. Broadway

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.