S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29348

State File No. 29348

FILED OCT 6 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8495

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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: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4063 Lincoln Ave. 9 11
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Florence E. Rogers
3. (b) If veteran, name war None
3. (c) Social Security No. 497-01-1449
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Russell J. Rogers
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 3rd, (Day) 1901 (Year)
8. AGE: Years 44 Months 5 Days 26 If less than one day hr. min.
9. Birthplace Alton, (City, town, or county) Illinois. (State or foreign country)
10. Usual occupation Clerical work
11. Industry or business Mc Quay Norris Mfg. Co.
FATHER 12. Name Charles Stierley
FATHER 13. Birthplace Topeka, (City, town, or county) Kansas. (State or foreign country)
MOTHER 14. Maiden name Sadie Calvey
MOTHER 15. Birthplace Alton, (City, town, or county) Illinois! (State or foreign country)
16. (a) Informant Norma J. Hammonds
(b) Address 4063 Lincoln Ave. St Louis Mo.
17. (a) Alton, Ill. (Burial, cremation, or removal) (b) Date thereof 10-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation St Patrick's, Alton, Ill.
18. (a) Signature of funeral director Ben J. Staten
(b) Address 220 Court St. Alton, Ill.
19. (a) OCT 1 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1945 hour 9 minute 25 M.
21. I hereby certify that I attended the deceased from June 10, 1940, to Sept 29, 1945 that I last saw her alive on Sept 28, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. hypertrophic with decompensation	3 yrs
Due to: Rheumatic Heart disease + Hypertension	6 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 Fred Kramer (M. D. or other)
Address 6344 Bland Date signed 9-29-45

(Licensed Embalmer's Statement on Reverse Side)

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 Leland S. Cunningham

Licensed Embalmer No. 2649

P. O. Address Alton, Illinois

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.