

U. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENTRAL REGISTRY
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 35792
Registrar's No. 10049

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:
FIRMEN DESLOGE HOSPITAL
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. James
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rogers, Mary Louise
3. (b) If veteran, name war No 3. (c) Social Security No. No.
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive week years
7. Birth date of deceased JUNE 11 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 19
year 1945 hour 7 minute 45 A. M.
21. I hereby certify that I attended the deceased from October 4
1945 to November 19 1945
that I last saw h. her alive on November 19 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 5 Days 8 If less than one day _____ hr. _____ min.
9. Birthplace French Village Mo.
(City, town, or county) (State or foreign country)

Immediate cause of death Cerebral failure
Due to Carcinoma of bladder with metastasis
Due to 52 hrs
Other conditions (include pregnancy within 3 months of death) _____

MOTHER FATHER
11. Industry or business _____
12. Name Edoeph Marshall
13. Birthplace Clark
(City, town, or county) (State or foreign country)
14. Maiden name Mary Dubickon
15. Birthplace Clark
(City, town, or county) (State or foreign country)

Major findings: Cystocele - carcinoma involving entire trigone.
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Jimmie Desloge, Records
(b) Address St. Louis Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-45
(Month) (Day) (Year)
(c) Place: burial or cremation St. James Mo.
18. (a) Signature of funeral director Albert N. Hoyer
(b) Address 4700 Washington Blvd
19. (a) NOV 20 1945 (Date received local registrar) J. F. Bredeck (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) Means of injury: _____
23. Signature George P. Flynn (M. D. or other) _____
Address Firmen Desloge Hosp Date signed 11-20-1945

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

80
17
9

FILED NOV 20 1945

Emb separate Cert filed

NOV 20 1945

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.