. S. No. 2
DM—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43214

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11827

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 3937 N. 19th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years (CYMANSKI)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3937 N. 19 St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frances Rogut
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) 1895 (Year)
8. AGE: Years abt 52 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Poland (State or foreign country)
10. Usual occupation CLEANING WOMAN
11. Industry or business RAILWAY EXCHANGE BLDG.
FATHER
12. Name Peter Rogut
13. Birthplace (City, town, or county) Poland (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Poland (State or foreign country)
16. (a) Informant John Skora
(b) Address 3937 N. 19 St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director St Louis Funeral Home
(b) Address 2705 St Louis ave
19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 24 year 1947 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from 3 19, to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Coronary Thrombosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 2
While at work (e) Means of injury 2
23. Signature Palmer E. Dayton (M.D. or other)
Address 2 Date signed 12/27/47

Jefferson City Printing Co. (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 John S. Dennehy

Licensed Embalmer No. 41940

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.