V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43446

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11366

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: 3660 Cook Avenue
(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 Missouri (b) County

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3660 Cook Avenue 9
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Topsey Roggerson

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race col.

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

6. (b) Name of husband or wife Edgar B. H. Roggerson

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February (Month) 14, (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	9	25	hr. min.

9. Birthplace Sunny Side, (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sidney Porter
13. Birthplace New Orleans, (City, town, or county) La. (State or foreign country)

MOTHER
14. Maiden name Unk.
15. Birthplace Unk. (City, town, or county) (State or foreign country)

16. (a) Informant Mack Roggerson
(b) Address 2837 Benton St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. B. Loonce
(b) Address 1221 N. Grand Blvd.

19. (a) DEC 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th year 1947 hour 2 minute 00 P M.

21. I hereby certify that I attended the deceased from 12/3 — 1947 to 12-9 — 1947 that I last saw her alive on 12-9 — 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	7 —
Due to Bronchial pneumonia	3 —
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)
While at work — (e) Means of injury —

23. Signature Thos. A. Lewis (M. D. or other)
Address 3154½ Easton Ave Date signed 12-11-47

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 Eugene Miles

Licensed Embalmer No. 3623

P. O. Address 1221-N. Grand

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.