S. No. 2
A—1/47
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. 6946 1617

FILED FEB 28 1948

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

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 Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 MONTHS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1901 Parsons Street 0
R. R. (If rural, give location) 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Doris Jean Rogers
3. (b) If veteran, name war No
3. (c) Social Security No. 334-220-493
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, ~~widowed, married,~~ divorced SINGLE
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased SEPT (Month) 9 (Day) 1929 (Year)

8. AGE: Years	Months	Days	If less than one day
18	5	5	hr. min.

9. Birthplace CHRISTOPHER ILL (City, town, or county) (State or foreign country)
10. Usual occupation CLERICAL
11. ~~Industry or business~~ BANK
MOTHER FATHER
12. Name MARCE ROGERS
13. Birthplace CHRISTOPHER ILL (City, town, or county) (State or foreign country)
14. Maiden name FLOSSIE KIMBRO
15. Birthplace METROPLIS ILL (City, town, or county) (State or foreign country)
16. (a) Informant Marce Rogers
(b) Address 1901 Parsons Ave
17. (a) E St Louis (Burial, cremation, or removal) (b) Date thereof 2 18 48 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill.
18. (a) Signature of funeral director Harry Robins
(b) Address East St. Louis, Ill.
19. (a) FEB 17 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 14 year 1948 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from November 29, 1947 to February 14, 1948; that I last saw her alive on February 14, 1948, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Tumor of Pons, Malignant
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)
While at work? (e) Means of injury
23. Signature J R Bradley (M. D. or other)
Address Barnes Hospital Date signed

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

1617

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 Frank Prokopf

Licensed Embalmer No. 4 B 5-6

P. O. Address St Louis, Mo

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.