

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3610

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson Barracks, Mo.</b>		c. LENGTH OF STAY (in this place) <b>21 days</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Veterans Administration Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>4422 Penrose</b>	
3. NAME OF DECEASED a. (First) <b>Norman</b> b. (Middle) <b>P.</b> c. (Last) <b>ROGLES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 16, 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 6, 1920</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>28</b>
		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Albert E. Rogles</b>	13b. MOTHER'S MAIDEN-NAME <b>Nora A. Moran</b>	14. NAME OF HUSBAND OR WIFE <b>Loretta</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World II</b>	16. SOCIAL SECURITY NO. <b>498-18-0905</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene F. Nolan, Registrar</b>	ADDRESS <b>VA Adm. Hosp., Jefferson Barracks, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>RHEUMATIC HEART DISEASE</b>		<b>Unknown</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec. 26, 1948**, to **Jan. 16, 1949**, that I last saw the deceased alive on **Jan. 16, 1949**, and that death occurred at **4:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L.E. Stilwell, M.D., Chief, Professional Serv.</b> (Degree of title)	23b. ADDRESS <b>VA Hospital Jefferson Barracks, Mo.</b>	23c. DATE SIGNED <b>1/17/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 19 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-18-49</b>	REGISTRAR'S SIGNATURE <b>Arthur J. Leung</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas F. Stuart &amp; Sons</b>	ADDRESS <b>1225 N. Union, St. Louis, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 21 1949

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Gay W Wilkinson*

Licensed Embalmer No. 3575

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.

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