S. No. 300
v. 10.48

FILED DEC 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40661

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10900

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 3 yrs 1 mo. 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Infirmary Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2069
d. STREET ADDRESS (If rural, give location) 1321 Laurel Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) Fred
c. (Last) ROGGE

4. DATE OF DEATH (Month) 11 (Day) 25 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH Sept. 8 1879
9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Missouri (Warren)
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Ernest Rogge
13b. MOTHER'S MAIDEN NAME Wilhelmina Plate
14. NAME OF HUSBAND OR WIFE Separated

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499 05 0539
17. INFORMANT'S SIGNATURE OR NAME City Infirmary- 5800 Arsenal St. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES — with metastasis to abdomen

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) neck and lungs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic Heart Disease — 5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 177X

22. *I hereby certify that I attended the deceased from* 10/25, 1949, *to* 11/25, 1952, *that I last saw the deceased alive on* 11/25, 1952, *and that death occurred at* 8:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE M. C. Goehausen (Degree or title) M.D.
23b. ADDRESS 5600 Arsenal St.
23c. DATE SIGNED 11/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11/27/52
24c. NAME OF CEMETERY OR CREMATORY Pacific City Cem
24d. LOCATION (City, town, or county) (State) Pacific Missouri

DATE REC'D BY LOCAL REG. NOV 26 1952
REGISTRAR'S SIGNATURE Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark ADDRESS 1125 Hodiamont Ave.

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont

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.