

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30375**
Registrar's No. **7695**

FILED AUG 31 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7695		
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY 2227					
b. CITY (If outside corporate limits, write RURAL and give town or town) ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 0				
d. FULL NAME OF HOSPITAL OR INSTITUTION 2725 Walnut St.			d. STREET ADDRESS (If rural, give location) 22 2725 Walnut St.					
3. NAME OF DECEASED (Type or Print) PIPAULINE E			a. (First)		b. (Middle)		c. (Last) ROGERS	
4. DATE OF DEATH		(Month)		(Day)		(Year)		
AUG		3		1953				
5. SEX FEMALE		6. COLOR OR RACE COLORED		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-20-1908		
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0		12. COUNTRY OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME WILLA B. MARTIN 11 S. CHANNING				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heat Exhaustion DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9310				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:45 P. m., from the causes and on the date stated above. 22								
23a. SIGNATURE: Patrick P. Doyle			23b. ADDRESS: 1300 Clark Ave			23c. DATE SIGNED: 8/6/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8-7-53		24c. NAME OF CEMETERY OR CREMATORY DAVID DALE CEMETARY		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 6 1953		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Smith			ADDRESS MOPETT'S FUNERAL HOME 418 WASHINGTON			

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Esther A. Harris

Signed.....

Student Embalmer

Licensed Embalmer No. 4458

P. O. Address 4187 Wicken

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.