

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21603

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis* (No. *1028*, *Dolman St*)

Registration District No. *791*
Primary Registration District No. *1028*
St. *Dolman St* Ward.

File No.
Registered No. *5309*
St. Ward

2. FULL NAME

(a) Residence, No. St., *23* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Lillie Rogers*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 24 1881*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Railway Clerk*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis*

13. NAME *John A. Rogers*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis*

15. MAIDEN NAME *Bridget Bouayne*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New Brunswick*

17. INFORMANT *Mrs. Lillie Rogers*
(ADDRESS) *1028 Dolman St*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Cabany* DATE *June 21*, 19*33*

19. UNDERTAKER *Arthur J. Donnelly, Inc. & Co.*
(ADDRESS) *3840 Lafayette Ave*

20. FILED *21 1933* *J. F. Bredeck*
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 19*, 19*33*

22. I HEREBY CERTIFY That I attended deceased from *Mar 22*, 19*33*, to *June 19*, 19*33*

I last saw him alive on *June 18*, 19*33* Death is said to have occurred on the date stated above, at *9* m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of stomach
93C
118C - 93C

Other contributory causes of importance:
Ch. gastritis
Ch. myocarditis
9

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) *J. Schneider*, M. D.
(Address) *1004 E. 18th*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

May 15th 1884
No. 7984
100- to 200 ft.

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