

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

Do not use this space.

**MAR 12 1936**

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City St. Louis Mo (No. City Hospital)

Registration District No. 791  
 Primary Registration District No. 1003

File No. 7912  
 Registered No. 1581  
 St. .... Ward)

**2. FULL NAME**

Frank Rogier  
 (a) Residence, No. 1025 1/2 Call St. St. 21 Ward.

(If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Rogier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 6 0

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

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

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) Maryland

13. NAME Sam Rogier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

15. MAIDEN NAME Bell Ledbetter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Maggie Rogier  
1025 1/2 Call St

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 2/16 1936

19. UNDERTAKER (ADDRESS) Ellis Funeral Home  
3520 Stoddard St

20. FILED 12 1936 19 J F Bredecke

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Fracture Pelvis, Ruptured Bladder, Ruptured Left Femoral Arteria, received when struck by auto in St. Louis, Mo.

Other contributory causes of importance:

Deceased was a pedestrian

Spinal Carcinoma

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Gun Fire Date of injury 2/18, 1936.

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Public Place

Manner of injury Struck by auto

Nature of injury Fractures of Pelvis

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

If so, specify \_\_\_\_\_

(Signed) J. P. Rogier, M.D.

(Address) St. Louis, Mo.

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.

L.R. H.L.D.

2/10/36

