

No. 2
12-40
17-39
X23159

F-4822
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis, City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME August Rogge Jr
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Augusta Rogge 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased January 27 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Cedar Hill, St. L. Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Liquor salesman

11. Industry or business _____

12. Name Louis Rogge

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Bohle

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Augusta Rogge
(b) Address 2246 Missouri

17. (a) Burial (b) Date thereof 8-12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Schumacher Bros Co
(b) Address 3013 Meramec

19. (a) AUG 10 1940 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2246 Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th
year 1940 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 11, 1940, to August 8, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Bladder
Bilateral Pyelonephritis,
no stones

Due to Tuberculous

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify, type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J J McDaniel (M. D. or other) _____
Address 1515 Defautt Date signed 8/9/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

George N. Archambault.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

George N. Archambault

Licensed Embalmer No. **2906**.....

P. O. Address **3013 Meramec**.....

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.