

No. 2
1-5-42
5-17-39
X32873

52873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB NOV 4 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8559 Mora Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none** (Specify whether
In this community **Unknown**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **8871**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL.")
(d) Street No. **8559 Mora Lane** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **24**,
year **1942** hour **9:00 AM** minute M.
21. I hereby certify that I attended the deceased from **5-1-39**
19..... to **oct-24-** 19**42**;
that I last saw him alive on **oct 22** 19**42**;
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis**
(chronic and acute)
Due to **hypertension** - years
Due to **nephritis (chronic)** 5 years
Other conditions **1/21**
Major findings: **1/21**
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Samuel E. Rogers**

3. (b) If veteran, name war **None** 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 **Elizabeth A Rogers nee Greeson** (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **May 20, 1874**
(Month) (Day) (Year)

8. AGE: Years **68** Months **5** Days **4** If less than one day hr. min.

9. Birthplace **Columbia Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

12. Name **Robert C. Rogers**

13. Birthplace **Unknown Va.**
(City, town, or county) (State or foreign country)

14. Maiden name **Maria Clay**

15. Birthplace **Unknown Va.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth A. Rogers**

(b) Address **8559 Mora Lane**

17. (a) **Burial** (b) Date thereof **10/27/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **OCT 26 1942** (b) **J. F. [Signature]**
(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (e). Means of injury
23. Signature **Russell Glaser** (M. D. or other) **D.O.**
Address **4032 W. Flannery** Date signed **10/26/42**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

HP

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed William G. Burkholz
Licensed Embalmer No. 2110
P. O. Address St. Louis, Mo

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.