

FILED DEC 7 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35839

State File No. 9992

Registration District No. 318

Primary Registration District No. 106

Registrar's No.

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Infant Boy Rogers

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.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased November 2 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 hr. 55 min.

9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Ralph Lesley Rogers
13. Birthplace La Salle Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Abigail Griffith
15. Birthplace Prescott Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Saint Louis Maternity Hospital
(b) Address 630 South Kingshighway
Washington Board Date thereof 11/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dept. of Pathology

18. (a) Signature of funeral director Washington University

(b) Address 630 South Kingshighway

19. (a) NOV 30 1942 (Date received for record) (b) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town Lucas & Hunt Village
(If outside city or town limits, write "RURAL")
(d) Street No. 7332a Burrwood Drive
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2
year 1942 hour 4:55 minute..... P. M.

21. I hereby certify that I attended the deceased from November 2 1942 to November 2 1942; that I last saw him alive on November 2 1942; and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Hemorrhagic disease of newborn.

Due to.....
Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

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. C. Jaudon (M. D. or other)
Address 337 North Euclid Date signed 11-4-42

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.