

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 7 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9679**

883

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1208 Union Blvd.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis** **95**
(If outside city or town limits, write "RURAL")
(d) Street No. **1208 Union Blvd.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
No Attending Physician

3. (a) PRINT FULL NAME **John P. 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 **Singled**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) **1980** (Year)

8. AGE: Years **62** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) **Illinois** (State or foreign country)

10. Usual occupation **Maintenance Man**

11. Industry or business **Sound Investment Co.**

MOTHER FATHER

12. Name **William Rogers**

13. Birthplace _____ (City, town, or county) **Illinois** (State or foreign country)

14. Maiden name **Catherine Naughton**

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

16. (a) Informant **Sarsfield A. Naughton**

(b) Address **7170 Manchester**

17. (a) **Burial** (b) Date thereof **Nov. 21-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director _____

(b) Address **1225 Wilson Bl**

19. (a) **NOV 20 1942** (b) **J. T. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **19**
year **1942** hour **9 21** minute **A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Occlusion

Arteriosclerosis

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) _____ (e) Means of injury _____

23. Signature **James J. F. [illegible]** (M.D. or other) _____

Address **1300 [illegible]** Date signed **11/20/42**

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..... *Albert G. Koffe*

Licensed Embalmer No..... *2971*

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.