

FILED MAY 14 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4260

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:
St. Anthony 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri. (b) County.....
(c) City or town..... Saint Louis.
(If outside city or town limits, write "RURAL")
(d) Street No..... 4151 Potomac Street.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Marlyn Rogg.

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased..... May 6th, 1943.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>5 hr. 15 min.</u>

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

10. Usual occupation..... Infant

11. Industry or business.....

MOTHER FATHER { 12. Name..... Jules Rogg
13. Birthplace..... Saint Louis, Missouri.
(City, town, or county) (State or foreign country)
14. Maiden name..... Rosemay Rogg
15. Birthplace..... Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Jules Rogg
(b) Address..... 4151 Potomac Street.

17. (a) Burial (b) Date thereof..... May 7th, 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Valhalla Cemetery

18. (a) Signature of funeral director..... Ziegenhain Bros.

(b) Address..... 6409 Gravois Ave.

19. (a) MAY 7 1943 (b) J.F. Beedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 7th,
year..... 1943. hour..... 7 minute..... 15 A. M.

21. I hereby certify that I attended the deceased from..... 5/7 1943 to..... 5/7 1943
that I last saw..... her alive on..... 5/7/43
and that death occurred on the date and hour stated above.

Immediate cause of death..... Congenital weakness due to Pre-mature Birth (via Caesarian Operation) Duration..... 5 hrs

Due to.....
Due to.....

Other conditions..... Placenta Praevia in mother necessitating delivery by Caesarian Section Duration..... 12 hrs

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?

While at work..... (Specify type of place) (e) Means of injury.....
Signature..... Harold P Smith (M. D. or other)
Address..... 5205 E. Chaffee St Date signed..... 5/7/43

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 *Judith A. Ziegenhein*
Licensed Embalmer No. *2270*
P. O. Address *6409 Groves*

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.