

FILED JUN 4 1943 18

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **4693**

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:  
Mo. Baptist  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Weeks  
(Specify whether \_\_\_\_\_)  
In this community 8 Years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 11  
(If outside city or town limits, write "RURAL") 9 2 3  
(d) Street No. 2216 South 3rd St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Florence Rogers

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife James Rogers 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Apr 14 1905  
(Month) (Day) (Year)

8. AGE: 38 Years 1 Months 5 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Brunswick New Jersey  
(City, town, or county) (State or foreign country)

10. Usual occupation House-Wife

11. Industry or business At Home

MOTHER FATHER

12. Name Frank Klevstead

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant James Rogers

(b) Address 2216 South 3rd St.

17. (a) Burial (b) Date thereof 5 / 21 / 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) MAY 20 1943 J. J. Brudeak  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19  
year 43 hour 1 minute A-M

21. I hereby certify that I attended the deceased from 5-16-43  
\_\_\_\_\_, 19\_\_\_\_, to 5-19-43, 1943  
that I last saw h ev alive on 5-18, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Peritonitis 9 days  
Enterocolitis 12 days  
Post operative 12 days  
hypolecctomy  
Due to lobar pneumonia 10 days  
Shocks 1 day  
Other conditions: 2/2/1  
(Include pregnancy within 3 months of death)

Duration

Major findings: fibro sugar & bacteria  
Of operations: malnutrition  
ch. appendicitis  
Of autopsy: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

PHYSICIAN

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 W. R. Gurne (M. D. or other) W. R.  
Address 2127 S. Broadway Date signed 5-19-43

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.....

*R. R. Cooper*

Licensed Embalmer No.....

*3633*

P. O. Address.....

*2317 Lafayette*

**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.**