

Registration District No. 318

Primary Registration District No. ....

1003

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

1. PLACE OF DEATH:

(a) County..... St. Louis, Missouri  
(b) City or town.....  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 days  
In this community..... 19 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Goldie Roggerson

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

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

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

7. Birth date of deceased..... Oct 12th 1904  
(Month) (Day) (Year)

8. AGE: Years 38 Months 8 Days 9 If less than one day hr. min.

9. Birthplace..... Memphis Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Domestic

11. Industry or business.....

12. Name..... Albert Hicks

13. Birthplace..... Jackson Miss  
(City, town, or county) (State or foreign country)

14. Maiden name..... Mary McConnell

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

16. (a) Informant..... Willie Bingham

(b) Address..... 2705 Clark Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 6.28.43  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Washington Park

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

(b) Address..... 3644 Finney Ave

19. (a) JUN 24 1943 (Date received local registrar's certificate) J. F. Bruden (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 407 S. Jefferson  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21, year..... 1943 hour..... 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 19, 1943 to June 21, 1943

that I last saw h. er alive on June 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death..... Meningovascular Les

Due to.....

Due to..... 207

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

Major findings: Of operations.....

Of autopsy.....

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..... J. E. Smith (M. D. or other).....

Address..... 2601 W. Lattimer Date signed..... 7/23/43

**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..... *Loius H. Atkins* .....

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney*

**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.**