

S. No. 2
OM-2-43
5-17-39
X33397
FILL

36848

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **9808**

NOV 18 1943
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Childrens Hospital
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **4264 Norfolk Avenue.**
(If rural, give location) **17**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **Rogers, Wanda Lee**
3. (b) If veteran, name war **Nil**
3. (c) Social Security No. **Nil**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **Fifth**
year **1943** hour **8** minute **30 P M.**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **Nil**
6. (c) Age of husband or wife if alive **Nil** years

21. I hereby certify that I attended the deceased from **10-15-43**
_____, 19____, to **11-5-43**, 19____;
that I last saw him alive on **11-5-43**, 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased **August 10 1943**
(Month) (Day) (Year)
8. AGE: Years _____ Months **2** Days **25**
If less than one day _____ hr. _____ min.

Immediate cause of death **Acute Enteritis Nephrosis**
Due to _____
Due to _____

Duration
3 mos 1 wk

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

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.

10. Usual occupation **Infant**
11. Industry or business **At Home**
12. Name **Orville C. Rogers**
13. Birthplace **Vinita Oklahoma**
(City, town, or county) (State or foreign country)
14. Maiden name **Gertrude Mae Kenner**
15. Birthplace **Steelville Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gertrude Rogers**
(b) Address **4264 Norfolk Avenue.**
17. (a) **Removal** (b) Date thereof **11/8/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Salem, Missouri.**
18. (a) Signature of funeral director **Albert H. Hoppe, Inc**
(b) Address **4700 Washington Blvd.**
19. (a) **NOV 9 1943** (b) **J. J. Budick**
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury _____
23. Signature **Gilbert B. Forker** (M. D. or other)
Address **500 So. Kingshighway** Date signed _____

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

MOTHER FATHER

8086

8086

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. *3398*

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.