

S. No. 2  
M-5-43  
5-17-39  
I X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5687

FILED MAR 1 1944

Registration District No. Primary Registration District No. Registrar's No. 1657

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:  
3815 Lafayette Ave /  
(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 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 3815 Lafayette Ave (If rural, give location) 917  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Mayme A. F. Rogers  
3. (b) If veteran, name war \*\*\*\*\*  
3. (c) Social Security No. \*\*\*\*\*

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 17th day February  
year 1944 hour 7:25 minute P. M.

4. Sex Female / race White  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased November 29 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 8, 1944, to Feb 17, 1944  
that I last saw her alive on 2-17, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
63 2 19 hr. 0 min.

Immediate cause of death Pneumonia Duration 10 days

9. Birthplace Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation Retired Secretary

Due to.....  
Due to.....  
Other conditions..... (Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

11. Industry or business  
12. Name John Rogers  
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4  
14. Maiden name Bridget Finnegan  
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

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 0

16. (a) Informant Ella F. Larin  
(b) Address 3815 Lafayette Ave  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-1944 (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Mausoleum  
18. (a) Signature of funeral director Petz Brothers  
(b) Address 3029 Lafayette Ave  
19. (a) FEB 19 1944 (Date received local Registrar) (b) J. F. [Signature] (Registrar's signature)

23. Signature J. F. [Signature] (M. D. or other) 2-18-44  
Address 1446 S. Grand Date signed 2-18-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Mr. De Gess  
1446 S. Howard  
Or. 7362  
Will call back later

**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 Frank J. Quinn

Licensed Embalmer No. 2245

P. O. Address St. Louis Mo

**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.