S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6873

Registration District No. 318 Primary Registration District No. Registrar's No. 1751

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:
311 W. Kraus St
(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: 1005

(a) State Missouri (b) County aaa

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 311 W. Kraus St 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Dollie J. Rogers

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 Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased September 13 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Nova Scotia (City, town, or county) Canada 2 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Charles Stewart.
13. Birthplace Nova Scotia (City, town, or county) Canada 2 (State or foreign country)

MOTHER
14. Maiden name Mary Sutherland
15. Birthplace Nova Scotia. (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant John H. Rogers.
(b) Address 5216 Quincy St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois

19. (a) FEB 20 1947 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18th year 1947 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from Feb 16, 1947, to Feb 18, 1947 that I last saw her alive on Feb 17, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia bronchio	24 hrs
Due to Chronic myocarditis	1 yr
Due to arteriosclerosis	1 yr
Other conditions (Include pregnancy within 3 months of death)	

93

Major findings:
Of operations none
Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature D. Michael (M. D. or other) MD
Address 812 Olive Date signed 7/18/47

(Licensed Embalmer's Statement on Reverse Side)

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 Rex C. Campbell

Licensed Embalmer No. 3881

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.