

FILED SEP 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 28602
Registrar's No. 7193

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1093

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis Mo</i>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>		220.9		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1613 N. 22nd st</i>			2. STREET ADDRESS (If rural, give location) <i>1613 N. 22nd st</i>				
3. NAME OF DECEASED (Type or Print) <i>Bernard</i>		a. (First)	b. (Middle)	c. (Last) <i>Rogan</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>8 22 50</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>27 March 1902</i>	9. AGE (In years last birthday) <i>48</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <i>Chauffeur</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Colombia School</i>		11. BIRTHPLACE (State or foreign country) <i>St Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Frank Rogan</i>		13b. MOTHER'S MARDEN NAME <i>Rose Wesley</i>		14. NAME OF HUSBAND OR WIFE <i>Frances</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>WAB II</i>	16. SOCIAL SECURITY <i>489-05-8898</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Frances Rogan</i>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Tbc.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2 yrs.</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>NO TX</i>				
22. I hereby certify that I attended the deceased from <i>4-25-1949</i> to <i>8-22-1950</i> , that I last saw the deceased alive on <i>8-22-1950</i> , and that death occurred at <i>2:30</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Albert Kaplan</i>			23b. ADDRESS <i>607 N. Grand</i>		23c. DATE SIGNED <i>8-24-50</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8/26/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>			
DATE REC'D BY LOCAL OFFICE <i>AUG 24 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Central Funeral Home 1841 Cass Ave</i>			

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

OCT 3 1950

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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 me

working under my personal supervision.

Student Embalmer No.

Signed [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4299

P. O. Address A. Charles, N

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.