

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26828

State File No.

FILED JUL 31 1953

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 6835

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (in this place) 30 Years		c. CITY OR TOWN St. Louis,			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Booth Memorial Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) Helen		a. (First)		b. (Middle) M.			
		c. (Last) Rogers		4. DATE OF DEATH (Month) (Day) (Year) July 7 1953			
5. SEX / Female		6. COLOR OR RACE / White		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH / Dec. 7 1913		9. AGE (In years last birthday) / 39		IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) / Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY / Leather Goods		11. BIRTHPLACE (City and State or Foreign Country) / St. Paul, Minn.			
12. CITIZEN OF WHAT COUNTRY? / U.S.A.		13a. FATHER'S NAME / Andrew P. Schmidt		13b. MOTHER'S MAIDEN NAME / Minnie Bramer			
14. NAME OF HUSBAND OR WIFE / Luke A. Rogers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / No		16. SOCIAL SECURITY NO. / None			
17. INFORMANT'S SIGNATURE OR NAME / Luke A. Rogers		ADDRESS / 1710 So. 7th. Street					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Oedema DUE TO (c) Pulmonary Insufficiency II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cyesis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 420.1			
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?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE / Patrick B. Taylor				23b. ADDRESS / 1300 Clark		23c. DATE SIGNED / 7.10.53	
24a. BURIAL, CREMATION, REMOVAL (Specify) / Removal		24b. DATE / July 11-1953		24c. NAME OF CEMETERY OR CREMATORY / St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) / St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. / JUL 10 1953		REGISTRAR'S SIGNATURE / J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS / Beiderwieden F.H. Inc 1936 St. Louis Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Student Embalmer No. *None* working under my personal supervision..

Student *None*
Signature of Student Embalmer

Signed *Delis J. Krupin*

Licensed Embalmer No. *349*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.