.300
.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45524

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12324

1. PLACE OF DEATH
a. COUNTY: 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Lane Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: 2159
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
d. STREET ADDRESS (If rural, give location): 4459 Wallace 15 0

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle):
c. (Last): (Geers) Rogers

4. DATE OF DEATH (Month) (Day) (Year): Dec. 27, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Aug 25, 1883
9. AGE (In years last birthday): 70 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work doneduring most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Haupt
13b. MOTHER'S MAIDEN NAME: not known
14. NAME OF HUSBAND OR WIFE: Hugh Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Henry Haupt — ADDRESS: 8516 Richard

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 4201.

22. *I hereby certify that I attended the deceased from* Dec 23, 1953, *to* Dec 27, 1953, *that I last saw the deceased alive on* Dec 27, 1953, *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: J J Vizgird (Degree or title): M.D.
23b. ADDRESS: 3571 University St
23c. DATE SIGNED: Dec 28 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 12/30/53
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory
24d. LOCATION (City, town, or county) (State): St Louis County Mo.

DATE REC'D BY LOCAL REG.: DEC 30 1953
REGISTRAR'S SIGNATURE: J Earl Smith MD — MDB
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J L Ziegenhein & Sons 7027 Gravois

(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 Don Berg, Student Embalmer No. 4863 working under my personal supervision.

Student Donald E. Berg
Student Embalmer

Signed G. R. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.