

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35441

1. PLACE OF DEATH

County..... Registration District No. **791** File No. **10627**
 Township..... Primary Registration District No. **1003** Registered No.
 City **St. Louis** (No. **Lutheran Hospital**) St. Ward)

2. FULL NAME

William Lee Rodgers
 (a) Residence. No. **One and Matilda St. St. Louis County, Mo.** (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. **5** How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 13-1915**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
12 | **10** | **12**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **School Boy**
 (b) General nature of industry, business, or establishment in which employed (or employer) **M^cKingie School**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo**

10. NAME OF FATHER **Arthur S. Rodgers**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Randolph Co**
 (STATE OR COUNTRY) **Mo**

12. MAIDEN NAME OF MOTHER **Florence Schapert**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo**

14. INFORMANT **Arthur S. Rodgers**
 (Address) **One and Matilda St. St. Louis County**

15. FILED **NOV 27 1927** **marc. Starneoff**
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 25 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 18**, 19**27**, to **Nov 25**, 19**27** that I last saw him alive on **Nov 24**, 19**27**, and that death occurred, on the date stated above, at **1:30 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis (acute)
12/A
129 (duration) yrs. mos. **3** ds.

CONTRIBUTORY (SECONDARY) **appendicitis acute ruptured**
 (duration) yrs. mos. **11** ds.

18. WHERE WAS DISEASE CONTRACTED **at home**
 NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **Nov 18, 1927**

WHAT TEST CONFIRMED DIAGNOSIS? **Stachmussner**

(Signed) **H. Stachmussner**, M. D.
 "26, 1927 (Address) **6811 Gravois**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **New St. Marceus** DATE OF BURIAL **Nov 28 1927**

20. UNDERTAKER **Wacker-Helders** ADDRESS **2331 S. Bluff**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

