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

Do not use this space.

21957

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St. Louis Mo (No. 5600, Arsenal St., 24 Ward)

File No. .....

Registered No. 6105

2. FULL NAME Addie Rodgers

(a) Residence. No. 4411 Garfield St., 11 Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Edward Rodgers

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	abt. 44	?	?	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Beauty Culturist

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Morine, ?

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Robert Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Un

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Esther Johnson ?

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

14. INFORMANT Edward Rodgers (Husband)

(Address) 4411 Garfield

15. FILED ... 7 1928 Rudy C Starkey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/6 1928

17. I HEREBY CERTIFY, That I attended deceased from 6/3, 1928, to 6/6, 1928 that I last saw h.e.r. alive on 6/6, 1928 and that death occurred, on the date stated above, at 1.25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Simple Meningitis

(Type undetermined)

7 W (duration) ? yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) ? (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 4411 Garfield

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Chas. H. Whitnall, M. D

, 19 (Address) ISOLATION HOSPITAL

*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: Washington Park — DATE OF BURIAL: 6/8 1928

20. UNDERTAKER: E.E. Roberts — ADDRESS: 4202 Finney

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.

THIS IS A PERMANENT RECORD