

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

Do not use this space.

14857

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No. 791  
1008)

Registration District No. 791  
Primary Registration District No. 1008  
Marine Hospit.

File No. ....  
Registered No. 4272  
St. .... Ward

**2. FULL NAME** Laymon Rodgers

(a) Residence No. 2825 Lawton Ave., St. 21 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
35 10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) Waiter  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Charles Rodgers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miss.

12. MAIDEN NAME OF MOTHER Emma Hays

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

14. INFORMANT (Address) 3640 Marine Ave., St. Louis, Mo.

15. FILED 19 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 25, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1930, 19, to Apr. 25, 1930, 19, that I last saw h. im. alive on Apr. 25, 1930, 19, and that death occurred, on the date stated above, at 7:05 PM m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia, upper lobe  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Cardiac failure  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH Unknown

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Paul Smith, M. D.

4-26-30 (Address) 3640 Marine Ave. St. Louis, Mo

\*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 Jefferson Barricks DATE OF BURIAL 4/30 1930

20. UNDERTAKER Peoples and Co ADDRESS 3700 Franklin

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.

