

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

Do not use this space.

41506

DEC 22 1934

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. _____
 Township Carondelet Primary Registration District No. 16248 B3 Registered No. 385
 City Jefferson Bts (No. Veterans Administration Facility) Ward _____

2. FULL NAME

John A. Rodgers
 (a) Residence No. 1324 Westover St. _____ Ward _____
 (Usual place of abode)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beatrice
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 11 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sea, Mo

MOTHER 13. NAME John L. Rodgers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sea, Mo

15. MAIDEN NAME Emma DeLong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sea, Mo

17. INFORMANT John L. Rodgers
 (ADDRESS) 1324 Westover Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Nov 7 1934

19. UNDERTAKER C. Hoffmeister, 7814 E. 12th St.
 (ADDRESS) St. Louis, Mo.

20. FILED 11-5 1934 OB, Gate M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1934, to Nov 3 1934

I last saw him alive on Nov 3 1934. Death is said

to have occurred on the date stated above, at 2:30 PM.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pulmonary Date of onset _____
Chronic, far advanced
active

Other contributory causes of importance: None

Name of operation none Date of _____

What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John P. Houser, M. D.

(Address) 2424 N. Jefferson St., St. Louis, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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