FEB 11 1936

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

Do not use this space.

42001

1. PLACE OF DEATH

County St Louis

Township

City

Registration District No. 791

Primary Registration District No. 1003

(No. Missouri Pacific Hosp St. Ward)

File No.

Registered No. 143

2. FULL NAME William M Rodgers

(a) Residence, No. 2120 Adams St., 22 Ward. St Louis Mo
(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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married (common-law)

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

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

7. AGE 61 YEARS 52 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. track walker

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) Kentucky

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

INFORMANT (ADDRESS) Roberta King 216 S 23 St

BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE Jan 1 19

UNDERTAKER (ADDRESS) Dunn Bros 215 So Jefferson

FILED JAN 4 1936, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1935, to Dec 31, 1935

I last saw him alive on Dec 31, 1935 Death is said to have occurred on the date stated above, at 9:05 a.m.

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

Uremic Coma

Chronic Nephritis

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

131

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 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) Frank K Bosse, M. D.

(Address) Mo Pac Hospital