

1939

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

23323
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 200 Registered No. 1094
(c) City or Jefferson Barracks (d) Street No. Veteran's Hospital St.
(e) Length of residence in city or town where death occurred Unkn. (If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 326 John R. Rodgers

(a) Residence, No. 333 South Knox Street, Memphis, St. Missouri.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) July 28, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
49 10 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rancher
9. Industry or business in which work was done, as saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) Memphis,
(STATE OR COUNTRY) Missouri.

13. NAME William Rodgers

14. BIRTHPLACE (CITY OR TOWN) -
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Miranda Ray

16. BIRTHPLACE (CITY OR TOWN) -
(STATE OR COUNTRY) Missouri

17. INFORMANT Clifford Shelton, VAF Jefferson
(ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memphis mo DATE June 23 1939

19. FUNERAL DIRECTOR (NAME) Albert H Hoppe
(ADDRESS) 4900 Washington Blvd

20. JUN 20 1939 19 DR Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 19 39

22. I HEREBY CERTIFY, That I attended deceased from May 16, 19 39, to June 19, 19 39

I last saw him alive on June 19, 19 39. Death is said to have occurred on the date stated above, at 6:40 PM
The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic, far-advanced, active "C". Date of onset Unkn.

Other contributory causes of importance None

Name of operation None Date of -
What test confirmed diagnosis Phy. clinical manif. and lab. Was there an autopsy? NO

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) C. W. Hughes, Chief Med. Officer., M. D.
(Address) VAF, Jefferson Barracks, 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.

96

B.C.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed; above space should be left blank.