

No. 2  
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17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

5185

FILED MAR 25 1947 91

1003

Registrar's No.

1433

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
(Specify whether  
In this community 66 years  
years, months or days)

3. (a) PRINT FULL NAME Henry Rodgers

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race C 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown  
(Month) (Day) 1874 (Year)

8. AGE: Years Months Days If less than one day  
About 66 hr. min.

9. Birthplace Unknown  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Henry Rodgers sr

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Louise

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Bruce Tucker

(b) Address 3222 Bell ave

17. (a) Buriel (b) Date thereof Feb 14-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director J.W. Hughes

(b) Address 2620 Lawton

19. (a) FEB 13 1941 (b) J. W. Whittier  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St Louis 17 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3222 Bell 9  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10  
year 1941 hour 9:40 minute P M.

21. I hereby certify that I attended the deceased from January 29, 1941, to February 10, 1941,  
that I last saw him alive on February 10, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis ) Prob  
Arteriosclerotic Heart Disease ) 5 yrs

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. W. Whittier (M. D. or other)  
Address 2601 N Whittier Date signed 2/11/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10  
17  
9

**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

*Lyda Hughes*

Licensed Embalmer No. *2938*

P. O. Address *St Louis*

**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, fact should be so stated above.**