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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26326

Registration District No. 754 Primary Registration District No. 500 Registrar's No. 1402

1. PLACE OF DEATH:

(a) County ~~John H. Rogers~~ St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 6/24/41. (Specify whether
In this community Unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1113 North 18th Street 9
(If rural, give location)

(e) Citizen of foreign country? - / (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME John H. Rogers 493-03-4761

3. (b) If veteran, name war World War

3. (c) Social Security No. Yes - not remembered

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased May (Month) 19, (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	1	13	hr. min.

9. Birthplace Tunica, (City, town, or county) / Mississippi (State or foreign country)

10. Usual occupation Assorter of Metals

11. Industry or business

FATHER
12. Name John Rogers
13. Birthplace Unk (City, town, or county) / Georgia (State or foreign country)

MOTHER
14. Maiden name Lena Shaw
15. Birthplace Unk (City, town, or county) / Mississippi. (State or foreign country)

16. (a) Informant M. Schilleg
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5-41 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Bks Mo

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Ave

19. (a) JUL 4 1941 (Date received local registrar) (b) R. R. Meyer M.D. Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1941 hour 6:50 minute a. M.

21. I hereby certify that I attended the deceased from June 24, 1941 to July 2nd, 1941 that I last saw him alive on July 2nd, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary arteriosclerotic and hypertensive heart disease,	
Due to myocardial damage, auricular fibrillation and myocardial	
Due to insufficiency	unkn.
Other conditions and Nephritis, chronic with edema, (Include pregnancy within 3 months of death) anemia and abnormal retention of	
Major findings: Of operations nitrogen.	unkn.
Of autopsy No 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) no
(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? (Specify type of place)
While at work? R. W. Good (e) Means of injury

23. Signature R. W. GOOD, M.D., (M. D. or other) 0
Address Acting Chief Medical Officer Date signed 7/2/41.

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 2498

P. O. Address 2749 Chouta

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

If this body is not embalmed, fact should be so stated above.