

Registration District No. 791

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County
(b) City or town
(c) Name of hospital or institution
2521 N. Jefferson Ave.
(d) Length of stay: In hospital or institution
In this community

8. (a) PRINT FULL NAME Joe Rogers

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

4. Sex Males
5. Color of race White
6. (a) Single, widowed, married, divorced, Medical

6. (b) Name of husband or wife Myrtle Rogers
6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased January 16 1880

8. AGE: Years 61 Months 11 Days 15
If less than one day hr. min.

9. Birthplace Rush Creek Laclede Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

MOTHER FATHER

12. Name Asa Rogers
13. Birthplace Rush Creek Mo.
14. Maiden name Anderson
15. Birthplace " "

16. (a) Informant Rev. Linbeck
(b) Address 4234 Washington Bl.

17. (a) Burial (b) Date thereof Jan 2, 1942
(c) Place: burial or cremation Late Charles Gou.

18. (a) Signature of funeral director Chas. A. Bull
(b) Address 4457 Washington Bl.

19. (a) DEC 31 1941 (Date received local registrar)
J. P. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6001
(c) City or town St. Louis 20 12
(d) Street No. 2521 N. Jefferson Ave. 9
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1941 hour 4:15 minute 15 P. M.

21. I hereby certify that I attended the deceased from November 8, 1940, to Dec 30, 1941; that I last saw him alive on Dec 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion

Due to

Due to

Other conditions chronic myocarditis, arteriosclerosis

Major findings: Of operations

Of autopsy

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?
(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. Signatory Nathaniel H. Grundman (M. D. or other) M.D.
Address 2519 N. Jefferson Date signed Dec 31 1941

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

John Ketter

Licensed Embalmer No. 2880

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.