V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 772

Registration District No. FILED FEB 24 1942

Primary Registration District No. 1002

Registrar's No. 380

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St. Louis — 127 (If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Margaret Jane Rodgers
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased April 4, 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 7 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James McChesney
13. Birthplace Belfast, Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Murray
15. Birthplace Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant Iva Hirsch
(b) Address 5351 Delmar, St. Louis, M.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) JAN 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1942 hour 10.15 minute P. M.
21. I hereby certify that I attended the deceased from August 29, 29, 19, to January 11, 1942, that I last saw her alive on January 11, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	18 Mths
Due to	
Due to Arthritis Deformans	8 yrs.
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? (Specify type of place)
While at work (e) Means of injury
23. Signature Solon Carmona (M. D. or other)
Address 5 Sig N. Grand Blvd. Date signed

(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 Warren G Carson

Licensed Embalmer No. 3534

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, fact should be so stated above.