

FILED FEB 3 7 1942

Registration District No. 789

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 6536 Clayton Road
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Rogers

3. (b) If veteran, name war None 3. (c) Social Security No. 494-10-6238

4. Sex Male 5. Color or race W 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) (Year)

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

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

10. Usual occupation Embalmer

11. Industry or business Undertaking

MOTHER FATHER { 12. Name Jasper Rogers

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

14. Maiden name Unknown

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant ae H. Backlage

(b) Address 6536 Clayton Road

17. (a) Burial (b) Date thereof 1-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wilson - Backlage

(b) Address 6536 Clayton Road

19. (a) JAN 23 1942 (b) W. J. McQuinn
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1942 hour 10:45 minute P M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by drinking Duration
Formaldehyde

Due to Formaldehyde and phenol poisoning; Necrosis & perforation of cardiac end of stomach; broncho pneumonia.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Yes

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) Suicide

(b) Date of occurrence Jan. 5, 1942

(c) Where did injury occur? 6536 Clayton Rd.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Undertaking Establishment
(Specify type of place)

While at work? Yes (Specify type of injury)

23. Signature Christy W. ... (M.D. or other)

Address Kirkwood, Mo. Date signed 1/23/42

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

6
2
3

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

Guy W Wilkinson

Licensed Embalmer No.....

3575

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.