

FILED MAY 7 1942

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3763

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

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:
1410 Wright St. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 40 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....
 (c) City or town St. Louis. 26 000
17
(If outside city or town limits, write "RURAL")
 (d) Street No. 1410 Wright St. 9
0
(If rural, give location)
 (e) Citizen of foreign country?.....(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME George Washington Rodgers.

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

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

6. (b) Name of husband or wife Maggie Rodgers 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 8 1858.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	9	19	hr. min.

9. Birthplace Tennessee. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business.....

MOTHER FATHER

12. Name Unknown. 9

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

14. Maiden name Unknown.

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

16. (a) Informant Maggie Rodgers.

(b) Address 1410 Wright St.

17. (a) Burial (b) Date thereof 4-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) 4-29-42 J. T. Predest
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
 year 1942 hour 6:30A.M. minute..... M.

21. I hereby certify that I attended the deceased from April 20, 1942, to April 27, 1942
 that I last saw him alive on April 26, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Myocarditis Chronic.
Pancreas right foot
 Due to Arterial Sclerosis

Duration
1 yr 6 weeks

Due to.....

Other conditions (Include pregnancy within 3 months of death)
92 d

Major findings: Of operations..... 92 e

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..... D

23. Signature John C. Creane (M. D. or other).....
 Address 2504 N. 14th St Date signed 4-27-42

844

17475 Rutherford St - 4/1/12

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 P. Buehler
Licensed Embalmer No. 1674
P. O. Address 2223 St. Louis Ave.

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.