V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28240 /
0

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1779

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5360 Vine Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Affton 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 5360 Vine Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Florence C. Rodgers
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur Rodgers
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased January (Month) 20 (Day) 1891 (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	73	2	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Steve D. Charpentier
13. Birthplace Mobile (City, town, or county) Alabama / (State or foreign country)
MOTHER
14. Maiden name Mabel Groll
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Arthur Rodgers
(b) Address 5360 Vine Ave. St. Louis Co
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director Hecker-Helderle Und Co
(b) Address 3634 Gravois Ave.
19. (a) AUG 24 1942 (Date received local registrar) (b) E. G. McGavron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 nd.
year 1942 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from 10/8/41, 19 , to Aug 22, 1942
that I last saw her alive on Aug 22, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	
Due to Cerebral Hemorrhage	
Due to Hypertension	
Other conditions Cardio Renal Vascular Dis- (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 131 a

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
Signature A. C. Forster (M. D. or other)
Address 3115 S. Grand Date signed 8/24/42

101

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1942

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 Frank J. Hyland

Licensed Embalmer No. 9645

P. O. Address St Louis Mo

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.