V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42038

State File No. 1

FILED DEC 31 1942

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 2655

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town Robertson.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Curtis6 Wright 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County St. Louis 5
(c) City or town Maplewood 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2419 Sutton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Henry Fuller Rodgers

3. (b) If veteran, name war

3. (c) Social Security No. 500-18-8476

4. Sex Male

5. Color or race 0 W

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife May

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan 8 1878 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	11	8	hr. min.

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

10. Usual occupation Supt. Machine Shop

11. Industry or business

FATHER
12. Name Andrew Fuller Rodgers
13. Birthplace Fayette (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Jane Delaplain
15. Birthplace Alton Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant May Rodgers
(b) Address 2419 Sutton Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/18/42. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester, Maplewood Mo.

19. (a) DEC 17 1942 (Date received local registrar) (b) E G McGuire M.D. (Registrar's signature) A.K

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16.
year 1942 hour 8 minute 54 A. 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.

	Duration
Immediate cause of death Natural causes.	
Due to Chronic Myocarditis.	
Due to	
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)
(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 3

23. Signature Louis H Bapp Coroner (M.D. or other)
Address Kirkwood, Mo. 12/17/42 Date signed

/31/43
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(Licensed Embalmer's Statement on Reverse Side)

FEB 11 1945

JAN 4 1943

JAN 13 1944

FEB 24 1943

JAN 24 1944

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 M Meyer

Licensed Embalmer No. 3688

P. O. Address Kirkwood 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.