. S. No. 2
M—9-4-41
5-17-39
1 X2948

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23418

Registrar's No. 6331

FILED JUL 24 1943

Registration District No. 3 14

Primary Registration District No. 10 03

1. PLACE OF DEATH:

(a) County

(b) City or town EAST ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: THE ST. LOUIS ISOLATION HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution JULY 8, 1943 to JULY 11, 1943. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County

(c) City or town EAST ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 515 SOUTH 5th STREET
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JERRY LEE RODGERS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced INFANT

6. (b) Name of husband or wife

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

7. Birth date of deceased NOVEMBER (Month) 19 (Day) 1943 (Year)

8. AGE: Years | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace EAST ST. LOUIS, ILLINOIS. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name HAROLD RODGERS

13. Birthplace EAST ST. LOUIS (City, town, or county) (State or foreign country)

14. Maiden name FLORENCE CUMBERLAND

15. Birthplace EAST ST. LOUIS (City, town, or county) (State or foreign country)

16. (a) Informant EDITH V. MINOR

(b) Address 5600-ARSENAL STREET

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 13 43 (Month) (Day) (Year)

(c) Place: burial or cremation C. St Louis

18. (a) Signature of funeral director Kassly Funeral Home

(b) Address C. St Louis

19. (a) JUL 13 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 11 year 1943 hour 5 minute P M.

21. I hereby certify that I attended the deceased from JULY 8 1943, 19, to JULY 11, 1943, 19; that I last saw him alive on July 11, 1943, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration at least 3 days

Due to Pertussis

Due to

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 Jane E. Engerman (M. D. or other)

Address St Louis Isolation Hosp. Date signed July 11/43

(Licensed Embalmer's Statement on Reverse Side)

6331

6331

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 Kelly

Licensed Embalmer No. 3880

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.