

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32749  
State File No. \_\_\_\_\_  
Registrar's No. 8695

Registration District No. 318 Primary Registration District No. 1003

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:  
5748 Lotus 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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5748 Lotus Avenue.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mack Rodgers.  
3. (b) If veteran, name war None  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Inez Rodgers.  
6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased September 29, 1899.  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 12th.  
year 1944 hour 2 minute 20 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
1940 to Oct 12, 1944  
that I last saw him alive on Oct 11, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
45 0 13 hr. \_\_\_\_\_ min.

Immediate cause of death  
Tuberculosis  
Pulmonary  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Ridgway, Illinois.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Invalid for 15 years.

11. Industry or business \_\_\_\_\_  
12. Name Daniel Rodgers.  
13. Birthplace Ridgway, Illinois.  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Brown.  
15. Birthplace Callatin County, Illinois.  
(City, town, or county) (State or foreign country)

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)  
(f) Means of injury \_\_\_\_\_

16. (a) Informant Mrs. Inez Rodgers.  
(b) Address 5748 Lotus Avenue.  
17. (a) Burial (b) Date thereof Oct. 14, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery.  
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.  
(b) Address 5966-68 Easton Avenue.  
19. (a) OCT 13 1944 (b) J. F. Brudeck  
(Date received final report) (Registrar's signature)

23. Signature J. F. Brudeck (M. D. or other) \_\_\_\_\_  
Address 2503 No. 9th St. St. Louis Date signed 10/12/44

Dr. J. O. Peeler.  
2505 North Florissant .  
Hours  
Central 9927.

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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 *Howard Rowland*

Licensed Embalmer No. *3114*

P. O. Address *Oberlin 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.