

15524

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 26 1945

4357

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hosp. 0
(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

3. (a) PRINT FULL NAME GEORGE RODGERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-058990

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: Feb 24 1895
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace: St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business _____

MOTHER FATHER

12. Name Samuel Rodgers
13. Birthplace Mo
14. Maiden name Mary Hoag
15. Birthplace Mo

16. (a) Informant: Mrs. Maud Legeler
(b) Address: 6433 Etzel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/17/1945
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director: Louis H. Bapp Inc
(b) Address: Washwood Mo

19. (a) MAY 16 1945 (Date received local registrar) (b) J. F. Brecheff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 6433 Etzel Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1945 hour _____ minute 9:10 P.M.

21. I hereby certify that I attended the deceased from November 4, 1944 to May 13, 1945 that I last saw him alive on May 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic Carcinoma

Due to: Carcinoma of pancreas

Due to: _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 _____

Signature: Arthur Swellock M.D. (M.D. or other) _____
Address: 2203 University St. Date signed: 5/17/45

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

S. No. 2
M—8-43
v. 5-17-39
I X37823

4357

4357

DEC 5 1945

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..... *Felix Hernandez*

Licensed Embalmer No. *3034*

P. O. Address..... *Kutwood me*

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.