

No. 4-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** JUL 28 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22486  
Registrar's No. 6214

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital  
Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 715 Hickory  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN 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 Married

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March 15 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60	4	2	hr. min.
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9. Birthplace Stepheson Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jess Rodgers

13. Birthplace Stepheson Alabama  
(City, town, or county) (State or foreign country)

14. Maiden name Sirena E. Peterson

15. Birthplace Lennie Georgia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Rodgers

(b) Address 715 Hickory St.

17. (a) Burial (b) Date thereof 7/18/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary  
(b) Address 2842 Meramec St.

19. (a) JUL 18 1945 (Date received local registrar)  
John Rodgers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1945 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from July 13 1945 to July 17 1945  
that I last saw him alive on July 17 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver

Duration 1

Due to \_\_\_\_\_

Due to 124

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury 0

23. Signature James J. Smith (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue Date signed 7/17/45

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

**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

*Ronald Yelms*

Licensed Embalmer No.

*3917*

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.**

Registration District No. 218

Primary Registration District No. 1003

**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:  
 (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..... John Rodger  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... m 5. Color or race..... w  
 6. (a) Single, widowed, married, divorced..... m  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... 32 years  
 7. Birth date of deceased..... mar 15 (Month) (Day) (Year)

8. AGE: Years..... 60 Months..... Days..... If less than one day..... hr. min.

9. Birthplace..... ala (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER { 12. Name.....  
 13. Birthplace..... (City, town, or county) (State or foreign country)  
 14. Maiden name.....  
 15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) AUG 1 1945 (Date of local registration) J. F. Bredeek (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month..... July Day.....  
 year..... 1945 hour..... minute..... M.  
 21. I hereby certify that I attended the deceased from..... to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above. Immediate cause of death.....

Due to.....  
 Due to.....

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

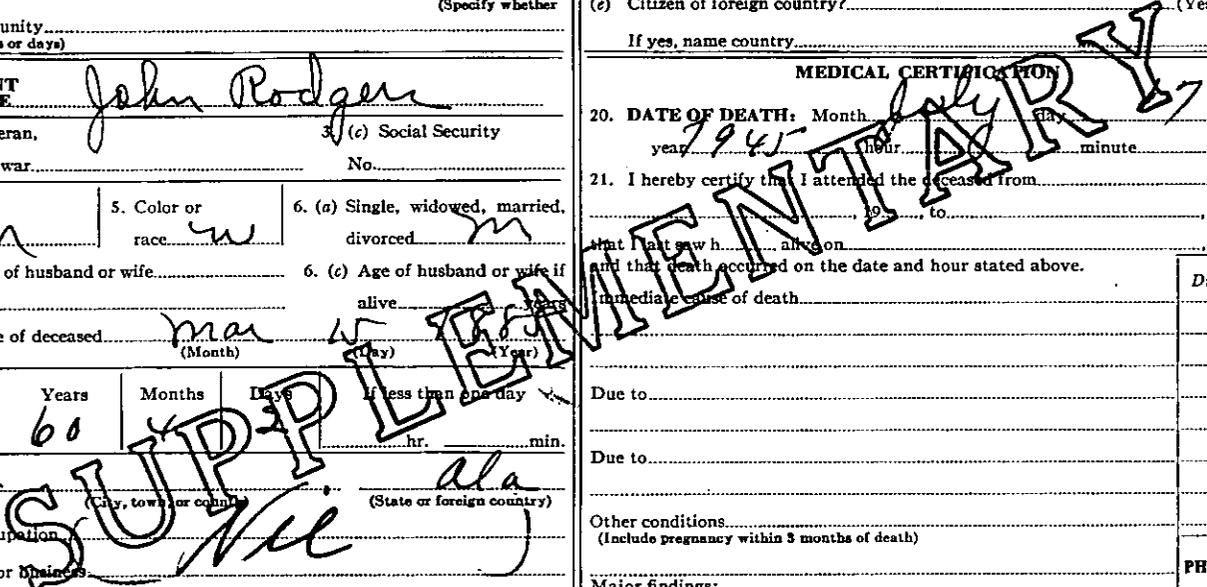
Major findings:  
 Of operations.....  
 Of autopsy.....

Duration.....  
 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?.....  
 While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....  
 Address..... Date signed.....

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



1945  
S-22486