

No. 2
-12-45
5-17-39
X47070

FILED OCT 31 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8286

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:
Little Sisters of the Poor, 3400 So. Grand Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Months
(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. 3400 So. Grand Blvd.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ED ROGERS

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: August 4 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>1</u>	<u>22</u>	hr. _____ min.

9. Birthplace: Louisville Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation: Railroad Worker

11. Industry or business: Retired

MOTHER FATHER { 12. Name: Henry Rogers

13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Sister Ste. Ludivine

(b) Address: 3400 So. Grand Blvd.

17. (a) Burial (b) Date thereof: Sept. 27, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: SS. Peter & Paul Cemetery

18. (a) Signature of funeral director: Gibben-Berg Mortuary

(b) Address: 2842 Meramec St.

19. (a) SEP 26 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26th
year 1946 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 10 to Sept 26 1946
that I last saw him alive on Sept 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Duration _____

Due to: arterio-sclerosis

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

Major findings: 8.5

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: _____

23. Signature: [Signature] (M. D. or other) _____
Address: 607 1/2 Grand Date signed: _____

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

3000

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Leron C. Reucy

Licensed Embalmer No. 4094
2842 Meramec St.
P. O. Address St. Louis, 18 Missouri

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.