No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42883

FILED DEC 23 1946

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 10922

1. PLACE OF DEATH:

(a) County

(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: St. Mary's Inf.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. 508 N. 3rd. St. N.R.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Flortiena Rodgers

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 2

5. Color or race Col.

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

6. (b) Name of husband or wife George W. Rodgers

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May (Month) 27th. (Day) 1894 (Year)

8. AGE: Years 52- Months 6 Days 19 If less than one day hr. min.

9. Birthplace Little Rock, (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joe Brooks
13. Birthplace (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Mattie (?)
15. Birthplace (City, town, or county) Ark. (State or foreign country)

16. (a) Informant George W. Rodgers
(b) Address 508 N. 3rd. Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bocker Washington

18. (a) Signature of funeral director R. M. Green
(b) Address E. St. Louis, Illinois

19. (a) DEC 20 1946 (Date received local registrar) J. F. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 16th. Year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 2 1946 to 12-8 1946 that I last saw him alive on 12-8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Secondary Anemia — Duration 6 wks

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 7½ C

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 C. M. Jackson (M. D.)
Address 1500 S. Broadway, E. St. Louis, Ill. Date signed 12/17/46

(Licensed Embalmer's Statement on Reverse Side)

41692

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 .....

..... [illegible], Registered Apprentice No. .....,

working under my personal supervision.

Signed. [illegible] Green

Licensed Embalmer No. 1173

P. O. Address 1318 E. Broadway

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.