V. S. No. 2
0M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

26394

State File No. 0

FILED AUG 4 1947

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 1569

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Glencoe (Meramec River)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(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 Mo. (b) County 0-0-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6307 Famous Ave. 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM ROGERS JR.

3. (b) If veteran, name war None

3. (c) Social Security No. .....

4. Sex Male 2

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased July (Month) 26 (Day) 1931 (Year)

8. AGE:

Years	Months	Days	If less than one day
15	11	23	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Schoolboy

11. Industry or business .....

FATHER
12. Name William Rogers Sr.
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 10

MOTHER
14. Maiden name Elizabeth Hoy
15. Birthplace ..... (City, town, or county) Ill. (State or foreign country) 1

16. (a) Informant William Rogers Sr.
(b) Address 6307 Famous Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 24 47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) 7-24-47 (Date received local registrar) (b) Carl A. T. Sharp M.D. (Registrar's Signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1947 hour 10:50 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asphyxia due to drowning	
Due to 183	
Due to 36	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy No

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 96

(b) Date of occurrence July 21, 1947

(c) Where did injury occur? Glencoe, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? ..... (e) Means of injury Drowning

23. Signature Arnold J. Willmann Coroner (M. D. or other) 3

Address Clayton, Mo. Date signed 7/23/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.