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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1947
Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

36196
State File No. _____
Registrar's No. 9435

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

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: DE PAUL HOSPITAL
(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 PHILIP ROE 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 IRENE H.
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased AUG 2nd 1895
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation FUEL OIL (RETIRED)

11. Industry or business _____

MOTHER FATHER { 12. Name PHILIP RODGERS
13. Birthplace Ill
14. Maiden name ROSE REDMAN
15. Birthplace Ill

16. (a) Informant Mrs Irene A. Rodgers
(b) Address 6132 Waterman Ave

17. (a) BURIAL (b) Date thereof 10/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director J. F. Brudick
(b) Address 516 S. Delmar St

19. (a) OCT 12 1947 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County san
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 6132 WATERMAN AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCT. day 11
year 1947 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept 9 1947 to Oct 10 1947
that I last saw him alive on Oct 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 4 days
Due to Coronary Thrombosis 1 Mo

Due to _____
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)
(e) Means of injury _____

23. Signature Lawrence (M. D. or other) MD
Address 8105 Post Blvd Date signed 10-11-47

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..... *H. G. Farris*

Licensed Embalmer No. *3384*

P. O. Address..... *St Louis*

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.