

No. 3904  
-10-47  
5-17-39  
I 3904

FILED AUG 13 1948  
Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 0  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 85 days  
(Specify whether  
In this community 64 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36  
(c) City or town Lonedell 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. - 0  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME RODGERS, Emmett I.

3. (b) If veteran, name war VW-I 3. (c) Social Security No. 493-24-5855

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased April 15, 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 3 18 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business -

12. Name David W. Rodgers

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

14. Maiden name Mary M. Lewis

15. Birthplace Lonedell, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar - VAH

(b) Address Jefferson Barracks, Mo.

17. (a) Bevel (b) Date thereof 8/6/1948  
(By what person or persons) (Month) (Day) (Year)

(c) Place: burial or cremation Saint Clair, Missouri

18. (a) Signature of funeral director C. Hoffmeister Fun. Home

(b) Address 7814 So. Bdw. St. Louis, Mo.

19. (a) 8-3-48 (b) Bevel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3  
year 1948 hour 9:25 minute p.a.m.

21. I hereby certify that I attended the deceased from May 10, 1948 to August 3, 1948;  
that I last saw him alive on August 3, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA, HEAD OF PANCREAS, WITH OBSTRUCTION OF COMMON BILE DUCT  
Due to OBSTRUCTIVE JAUNDICE  
ARTERIOSCLEROTIC CORONARY  
Due to ARTERY DISEASE

Duration  
Unk  
Unk  
Unk  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Other conditions 46 yr  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy Autopsy performed (see cause of death)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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? L. E. Stillwell  
23. Signature L. E. STILLWELL (M. D. REGISTRAR)  
Address VAH, Jeff. Brks., MO. Date signed 8/11/48

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

MOTHER FATHER

---

---

**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 *Linus C. Hoffner*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

**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.**