FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

31392

State File No.

FILED OCT 1 1948

Registration District No. 318

Primary Registration District No.

Registrar's No. 8294

WRITE PLAINLY—USING 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 Homer Phillips D
(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 Missouri (b) County
(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 803 S. 18th Street,
(If rural, give location)
22
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annie Rogers
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pearley Rogers
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Sept (Month) 5 (Day) 1916 (Year)

8. AGE: Years 31 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Greenwood (City, town, or county) miss! (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name Charles Henderson
13. Birthplace Chickson (City, town, or county) miss! (State or foreign country)
MOTHER
14. Maiden name Levera Afford
15. Birthplace Chickson (City, town, or county) miss! (State or foreign country)
16. (a) Informant Henry L. Henderson
(b) Address 4044 West Bell
17. (a) Shipping (Burial, cremation, or removal) (b) Date thereof 9-22-1948 (Month) (Day) (Year)
(c) Place, burial or cremation Greenwood miss
18. (a) Signature of funeral director A. H. Burks
(b) Address 212 Carroll St
19. (a) SEP 22 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th year 1948 hour 11:45 minute P. 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.

Immediate cause of death 1. Lobar Pneumonia, 2. Amputation of right arm as a result of cutting
Due to her arm on a broken glass in the door while trying to gain
Due to entrance to her home 803 S. 18th Street, around 6:00 A.M.,
Other conditions June 26, 1948.
(Include pregnancy within 3 months of death)
ACCIDENT
Major findings:
Of operations
Of autopsy 185

Duration

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 500
(b) Date of occurrence June 26, 1948
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury 3 glass

23. Signature Alfred Ferris (M. D. or other)
Address Agnes Carson Date signed 9/22/48

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: Theodore J Yandee

Licensed Embalmer No. 4243

P. O. Address 14 Waymire

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.