

FILED DEC 2 1948

318

Registration District No. _____ Primary Registration District No. _____

1003

1. PLACE OF DEATH:

(a) County **ST. Louis**
(b) City or town **ST. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Moner. G. Phillips.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Mo** (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis, Mo**
(c) City or town **St. Louis, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **2620 Rear Cass Ave**
(20) (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **U.S.A**

3. (a) PRINT FULL NAME **Nerman, James, Rodgers**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **Infant** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 16th 1948**
(Month) (Day) (Year)

8. AGE: Years _____ Months **5** Days **28** If less than one day hr. _____ min. _____

9. Birthplace **ST. Louis Missouri**
(City, town, or county) (State or foreign country)
Infant

10. Usual occupation _____

11. Industry or business _____

MOTHER - FATHER

12. Name **James Rodgers**
13. Birthplace **Caruthersville Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Ruby Lee Rhodes**
15. Birthplace **ST. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruby Lee Rodgers**
(b) Address **2620, Rear, Cass, Avenue**
17. (a) **Burial** (b) Date thereof **11/16/48**
(Burial, cremation, or removal) (City or town) (County) (State)
(c) Place: burial or cremation **Farther, Dickson Cem.**

18. (a) Signature of funeral director **John H. Houston**
(b) Address **2829, Washington Blvd.**

19. (a) **NOV 16 1948** (b) **J. B. Pasater**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **14**
year **1948** hour _____ minute **11 A.M.**
21. I hereby certify that I attended the deceased from **November 11th** 19 **1948** to **Nov 13** 19 **1948**
that I last saw him alive on **November 11** 19 **1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pute Bronchitis** Duration **4 days**
Due to _____

Due to **106**
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) Means of injury _____
23. Signature **M. H. G. Belack** (M. D. on call)
Address **2749 1/2 Franklin** Date signed **11/15/48**

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.....

working under my personal supervision.

Registered Apprentice No.

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.