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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38584

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 9818

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: 3748 A DUNNICA AV. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 3748 A DUNNICA AV. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NATHAN S. ROGERS.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) ~~Single, widowed~~, married, ~~divorced~~ M.
6. (b) Name of husband or wife CAROLYN ROGERS.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCTOBER (Month) 19 (Day) 1878 (Year)

8. AGE: Years 70 Months 0 Days 22 If less than one day hr. min.

9. Birthplace BARTON CTY. KANSAS (City, town, or county) (State or foreign country)
10. Usual occupation CONSULTING ENGINEER
11. Industry or business OWNER.

MOTHER FATHER
12. Name BENJAMIN ROGERS
13. Birthplace IOWA (City, town, or county) (State or foreign country)
14. Maiden name ARISTA VIRGINIA HAYES
15. Birthplace IOWA. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carolyn Rogers
(b) Address 3748 A Dunnica av
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof NOV-13-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MT. LEBANON CEM.
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.
19. (a) NOV 12 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1948 hour 12 minute 10 p.m.

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

	Duration
Immediate cause of death: Chronic Myocarditis	10 mo.
Due to: Bronchial asthma	yrs
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? (Specify type of place)
While at work (e) Means of injury

23. Signature Arthur Sandock (M. D. or other) M.D.
Address 2202 University St. Date signed 11/12/48

(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. 4014

P. O. Address 325 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.