

FILED AUG 20 1949

STANDARD CERTIFICATE OF DEATH

State File No. 28483
7025

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MO</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4056 Finney</u>				d. STREET ADDRESS (If rural, give location) <u>4056 Finney</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rachel</u>			b. (Middle) _____		c. (Last) <u>Rodgers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 8 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec 14 1858</u>		9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR	IF UNDER 1 HRS.
						Days	Hours
						Min.	Sec.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Russell</u>			13b. MOTHER'S MAIDEN NAME <u>Marah</u>		14. NAME OF HUSBAND OR WIFE <u>widow</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Doree Adams post 4 Finney</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				DUE TO (b) <u>hypertensive heart disease</u>			6 hrs
ANTECEDENT CAUSES				DUE TO (c) _____			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>98</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>420K</u>			
22. I hereby certify that I attended the deceased from <u>7-1</u> , 19 <u>49</u> , to <u>8-8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-1</u> , 19 <u>49</u> , and that death occurred at <u>11:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles Ullrich M.D.</u>				23b. ADDRESS <u>2316 Market St.</u>		23c. DATE SIGNED <u>8/11/49</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>buried</u>		24b. DATE <u>Aug 13/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>		
DATE READ BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 12 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. A. Hean 4214 Delmar</u>			

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

SEP 6 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed F. G. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.