

FILED OCT-7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32130  
Registrar's No. 8183

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| BIRTH NO.  |   | REG. DIST. NO. 318  | PRIMARY REG. DIST. NO. 1003   | Registrar's No. 8183  |   |
| 1. PLACE OF DEATH<br>a. COUNTY   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis  |   | c. LENGTH OF STAY (In this place)                                   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis                             |   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Missouri Baptist Hos  |   |   | d. STREET ADDRESS (If rural, give location)<br>1746 Waverly Place   |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) CLARA  |   | b. (Middle)   | c. (Last) ROGERS  | 4. DATE OF DEATH (Month) (Day) (Year)<br>9. 21 1949                                 |   |
| 5. SEX female  | 6. COLOR OR RACE white  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married     | 8. DATE OF BIRTH Sept 27-1884   | 9. AGE (In years last birthday) 64  | IF UNDER 1 YEAR Months Days               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife   |   | 10b. KIND OF BUSINESS OR INDUSTRY                                   | 11. BIRTHPLACE (State or foreign country)<br>Kansas City Missouri   |   | 12. CITIZEN OF WHAT COUNTRY?              |
| 13a. FATHER'S NAME Adams   |   | 13b. MOTHER'S MAIDEN NAME Unknown                                   |   | 14. NAME OF HUSBAND OR WIFE Roger A. Rogers   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)  |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Roger A. Rogers 1746 Waverly Place                                       |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.    | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous Fr of left femur;<br>suffered when deceased fell out of bed at Missouri Baptist Hospital on Sept 18 1949 at about 6:40 am<br>DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) Accident.<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br>89020 |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION  |   |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |   |
| 21a. ACCIDENT SUICIDE HOME/INJURY<br>Accident  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>Hospital  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>St. Louis Mo 186 |   |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br>Sept 18 49 6:40 a.m.  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 21f. HOW DID INJURY OCCUR?<br>38                                    |   |   |   |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:46 a.m., from the causes and on the date stated above. |   |   |   |   |   |
| 23a. SIGNATURE (Degree or title)<br>Dr. E. J. ...  |   |   | 23b. ADDRESS<br>1306 Clark  |   | 23c. DATE SIGNED<br>9-22-49               |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 24b. DATE<br>9-24-1949  | 24c. NAME OF CEMETERY OR CREMATORY<br>Friedens Cem.                 | 24d. LOCATION (City, town, or county) (State)<br>St. Louis County Mo  |   |   |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br>SEP 22 1949   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Hy. Leidner U.                  |   | ADDRESS<br>2223 St. Louis Ave.  |   |

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

*Final*

**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 *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis*

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.