

FILED JAN 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. **42908**
Registrar's No. **11239**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis 16	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Clayton		d. STREET ADDRESS (If rural, give location) W.R. # 619 So. Handley Rd.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist				4. DATE OF DEATH (Month) (Day) (Year) 12 30 1949					
3. NAME OF DECEASED (Type or Print) James		a. (First)		b. (Middle) Murray		c. (Last) Rogers			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 4, 1875			
9. AGE (in years last birthday) 74		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Furrier		11. BIRTHPLACE (State or foreign country) Starkville, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME Joel P. Rogers			13b. MOTHER'S MAIDEN NAME Madeline McMillan			14. NAME OF HUSBAND OR WIFE Katherine Rogers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Joel A Rogers, 11 Dartford Ave					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>acute heart disease, with acute regurgitation</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) H6					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X					
22. I hereby certify that I attended the deceased from <u>6/20</u> , 19 <u>40</u> , to <u>12-29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-29</u> , 19 <u>49</u> , and that death occurred at <u>11:03 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John L. Horner</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>114 N. Taylor</u>			
23c. DATE SIGNED <u>12-30-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>12/30/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Pasater</u>		ADDRESS <u>C.R. Lupton & Sons 7233 Delmar</u>					

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

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.

Student Embalmer No.....

Signed.....
Student Embalmer

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.