

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2958

318

REG. DIST. NO. 1003 PRIMARY REG. DIST. NO. Registrar's No. 297

| | | | |
|---|-----------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE 117 Missouri OR NEAR b. COUNTY City | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis MO | | c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, Missouri 2219 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | d. STREET ADDRESS (If rural, give location) 21 117 N. Leonard | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) c. (Last) Rogers | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 8 1950 | |
| 5. SEX Female 3 | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH July 24 - 1866 |
| 9. AGE (In years last birthday) 83 | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME unnon | |
| 13b. MOTHER'S MAIDEN NAME unnon | | 14. NAME OF HUSBAND OR WIFE WILLIAMS WROGERS | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Alice Young | | ADDRESS 3309 Market | |
| 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) Hypertensive Heart Disease with Failure INTERVAL BETWEEN ONSET AND DEATH 2 mos ANTECEDENT CAUSES DUE TO (b) Undetermined Morbld conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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) HIBX | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 11-14, 1949, to 1-8, 1950, that I last saw the deceased alive on 1-8, 1950, and that death occurred at 4:20a m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Herbert A. Colvin | | (Degree or title) 0 | |
| 23b. ADDRESS 2601 N Whittier St | | 23c. DATE SIGNED 1-10-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 1-12-50 | |
| 24c. NAME OF CEMETERY OR CREMATORY Washington park | | 24d. LOCATION (City, town, or county) (State) St. Louis County MO | |
| DATE REC'D BY LOCAL REG. JAN 11 1950 | | REGISTRAR'S SIGNATURE [Signature] | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Buster Walker | | ADDRESS 3506 Franklin Ave | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student:
Student Embalmer

Signed _____

Licensed Embalmer No. 4441

P. O. Address 3506 Frank

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.