

FILED JUL 5 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21955****318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **5559**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5559</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>25 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2219</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1127 A. N. 21th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Isaac</b>		b. (Middle)		c. (Last) <b>Rogers</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 24 1950</b>	
5. SEX <b>male 2</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married /</b>		8. DATE OF BIRTH <b>Oct. 7, 1900</b>	
9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>17</b>		IF UNDER 24 Hrs. Hours <b>17</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>mattresses Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Jackson Tenn. /</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Bell Rogers</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Hattie Rogers</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>488-09-1586</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hattie Rogers 1127 A. N21street</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism, POST OP</b> ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>Carcinoma of Lung</b> DUE TO (c) <b>None</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
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)			
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? <b>162X</b>			
22. I hereby certify that I attended the deceased from <b>5-22</b> , 19 <b>50</b> , to <b>6-24</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>6-24</b> , 19 <b>50</b> , and that death occurred at <b>1:30p</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Montague Lawrence M. D.</b>				23b. ADDRESS <b>2601 N Whittier St.</b>		23c. DATE SIGNED <b>6-26-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial /</b>		24b. DATE <b>June 29, 50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>26 1950</b>		REGISTRAR'S SIGNATURE <b>J B Pasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Dement &amp; Son 2629-31 Cole Street</b>			

(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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*H. Claude Gordon*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3489

P. O. Address. 4575 Aldin

**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.