

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25476

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1754

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give town or township) Clayton
 c. LENGTH OF STAY (in this place) 2 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri
 b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) St. Louis
 d. STREET ADDRESS (If rural, give location) 1617 South 9th Street

3. NAME OF DECEASED
 a. (First) Edward
 b. (Middle) C
 c. (Last) Rogers

4. DATE OF DEATH (Month) (Day) (Year)
7-20-50

5. SEX male
 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
May 21, 1915

9. AGE (in years last birthday) 35
 IF UNDER 1 YEAR Months _____ Days _____
 IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
freight handler

10b. KIND OF BUSINESS OR INDUSTRY
Frisco R.R.

11. BIRTHPLACE (State or foreign country)
Ware, Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Michael Rogers

13b. MOTHER'S MAIDEN NAME
Mary Girardick

14. NAME OF HUSBAND OR WIFE
Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes World War II

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Elizabeth Rogers, 1617 So. 9th Street

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Contusions and Lacerations of brain
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Atelectasis of lungs due to
 DUE TO (c) mucoous plugs in small bronchioles
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
Fractured ribs - left - multiple

INTERVAL BETWEEN ONSET AND DEATH
8:00 PM

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
8:00 + 400

20. AUTOPSY
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Public Hg.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Mehlville St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
July 18 1950 m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Auto Accident - COLLISION

22. I hereby certify that I attended the deceased from 7-18, 1950, to 7-20, 1950, that I last saw the deceased alive on 7-20, 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Edmund R. Thiel M.D.

23b. ADDRESS
601 S. Brentwood Clayton, Mo.

23c. DATE SIGNED
7/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify)
burial

24b. DATE
7/24/50

24c. NAME OF CEMETERY OR CREMATORY
National Cemetery

24d. LOCATION (City, town, or county) (State)
Jefferson Barracks, Missouri

DATE REC'D BY LOCAL REG. 7-21-50 REGISTRAR'S SIGNATURE
Wesley P. Mosley, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
McLaughlin Funeral Home, 2301 Lafayette

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 *James R. Chapman*

Licensed Embalmer No. 4550

P. O. Address St. Louis, Mo.

The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with this constitutes grounds for revocation of license.)

body is not embalmed, fact should be so stated above.