

FILED MAR 18 1953

STANDARD CERTIFICATE OF DEATH

State File No. 12237
2021

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION 815 FRANKLIN AVENUE		d. STREET ADDRESS (If rural, give location) 815 FRANKLIN AVENUE	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) T. c. (Last) Rodgers		4. DATE OF DEATH (Month) (Day) (Year) Feb 19 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH SEPTEMBER 17, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY HOTEL	9. AGE (In years last birthday) 61
		11. BIRTHPLACE (State or foreign country) ST. LOUIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHARLES RODGERS		13b. MOTHER'S MAIDEN NAME DELIA HURLEY		14. NAME OF HUSBAND OR WIFE SINGLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOSEPH RODGERS, 4448 ITASKA 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Arteriosclerotic A.H. Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis			

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	

22. I hereby certify that I attended the deceased from October 1952, to Feb. 19 1953, that I last saw the deceased alive on Feb 12, 1953, and that death occurred at 5-8⁰⁰ m., from the causes and on the date stated above.

23a. SIGNATURE Sidney Alderhey MD		23b. ADDRESS Jewish Hospital St. Louis		23c. DATE SIGNED 2/20/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 2-23-53		24c. NAME OF CEMETERY OR CREMATORY ST. PETER'S CEMETERY	
		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MISSOURI			

DATE REC'D BY LOCAL REG. FEB 21 1953		REGISTRAR'S SIGNATURE Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STOCK MORTUARY, 2117 EAST GRAND BLVD	
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HYK (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.....
Student Embalmer

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.