

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23510

State File No.

FILED JUL 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1800

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Ellisville		c. LENGTH OF STAY (in this place) 8 Mo.	c. CITY OR TOWN Clayton
d. FULL NAME OF HOSPITAL OR INSTITUTION Sunset Sanitarium		e. STREET ADDRESS (If rural, give location) 236 Linden Avenue 452	
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Logan c. (Last) Rogers		4. DATE OF DEATH (Month) JUNE (Day) 28 (Year) 1953	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 1/22/1869
9. AGE (in years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired teacher	11. BIRTHPLACE (City and State or Foreign Country) Bryant Station, Kentucky
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired teacher		10b. KIND OF BUSINESS OR INDUSTRY school teacher	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charlton B. Rogers		13b. MOTHER'S MAIDEN NAME Jane Gamble	14. NAME OF HUSBAND OR WIFE SINGLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charlton B. Rogers 236 Linden Ave.
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) SENILITY II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 422	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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?
22. I hereby certify that I attended the deceased from MAR 1, 1953 , to JUNE 28, 1953 , that I last saw the deceased alive on JUNE 28, 1953 , and that death occurred at 4:40 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE B. R. Loving, M. D.		23b. ADDRESS BALLWIN, MO.	23c. DATE SIGNED 6-29-53.
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/29/53	24c. NAME OF CEMETERY OR CREMATORY Cave Hill Cemetery
24d. LOCATION (City, town, or county) (State) Louisville, Kentucky		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons 7233 Delmar Blvd	

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

JAN 10 1955

SEP 10 1955

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.....
Signature of Student Embalmer

Signed *Clarence H. Murray*.....

Licensed Embalmer No. *4011*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.