No. 300
10-48

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14021

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3473

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MO.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1916 (REAR) CASS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1916 (REAR) CASS 22 19 0

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle):
c. (Last): Rodgers

4. DATE OF DEATH (Month) (Day) (Year): APRIL 16, 1954

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE 0
8. DATE OF BIRTH: UNKNOWN
9. AGE (In years last birthday): ABT 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED DIE SETTER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: JOHN RODGERS
13b. MOTHER'S MAIDEN NAME: JOSEPHINE STANITZKY
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: UNK
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mr. Wm. Rodgers 4066 Holly Hills

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of skull and brain, suffered when shot with gun in hands of unknown party or parties, in doorway of home at 1916 (r) Cass Ave., about 10 10 pm April 16, 1954.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(b) DUE TO
(c) DUE TO

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: Homicide
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 16 54 10 10 pm.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: E981X

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 10 10 p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patrick Claylor Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: APR 17 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 4-21-54
24c. NAME OF CEMETERY OR CREMATORY: ST. PETERS CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MO.

DATE REC'D BY LOCAL REG.: APR 19 1954
REGISTRAR'S SIGNATURE: J. Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Southern Funeral Home 6322 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis J Wyland Jr.

Licensed Embalmer No. 451

P. O. Address 6322 Ro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.