

FILED SEP 21 1954

STANDARD CERTIFICATE OF DEATH

32138

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8150**

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. LENGTH OF STAY (in this place) **1 day**  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **Incarnate Word Hospital**  
STREET ADDRESS (If rural, give location) **#16 3835 Hartford**

3. NAME OF DECEASED a. (First) **Maggie** b. (Middle) **Margaret** c. (Last) **Rodgers** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 3, 1954**

5. SEX **f** 6. COLOR OR RACE **w** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **April 16, 1885** 9. AGE (In years last birthday) **69** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 4 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own home** 11. BIRTHPLACE (City and State or Foreign Country) **Richview, Illinois** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **D. J. Adams** 13b. MOTHER'S MAIDEN NAME **Mary Siebert** 14. NAME OF HUSBAND OR WIFE **Frank Rogers (dec'd)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mary J. Schneider, 3835 Hartford,**

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) **pulmonary embolus** INTERVAL BETWEEN ONSET AND DEATH **2 days**  
ANTECEDENT CAUSES DUE TO (b) **myocarditis** **4 mos.**  
DUE TO (c) **almost complete posterior coronary occlusion**  
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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **March 1954**, to **Sept 3, 1954**, that I last saw the deceased alive on **Sept 2, 1954**, and that death occurred at **8:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. Kappesser M.D.** 23b. ADDRESS **3284 Lynnhove** 23c. DATE SIGNED **9/3/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Sept. 7, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Nashville, Illinois** 24d. LOCATION (City, town, or county) (State) **Nashville, Illinois**

DATE REC'D BY LOCAL REG. **SEP 4 1954** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C. Hoffmeister Colonial Mortuary, Chippewa 6464**

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

3284  
Dwankel

**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 *Harry J. Schumacher*

Licensed Embalmer No. 267

P. O. Address 7874 5th Ave

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.