

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42770

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10423

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 town) OR TOWN St. Louis		c. CITY OR TOWN 85 th Boulevard	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 3636 Page	2119
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Rupert c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 11 14 54
5. SEX 3 Female	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 14 Dec 1889
9. AGE (In years last birthday) 64	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR 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	11. BIRTHPLACE (City and State or Foreign Country) Stens Mississippi
12. CITIZEN OF WHAT COUNTRY? Yes			
13a. FATHER'S NAME Ilea Burett Rodger		13b. MOTHER'S MAIDEN NAME Mary Rodger	14. NAME OF HUSBAND OR WIFE Dead
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Clarence Lee 4328 Cook Ave
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prob. Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 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 <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? 331X
22. I hereby certify that I attended the deceased from 11-2, 1954, to 11-14, 1954, that I last saw the deceased alive on 11-14, 1954, and that death occurred at 12:06A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) N. J. Erwin M.D.		23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 11-16-54
24a. BURIAL (CREMATION) REMOVAL (Specify) Removal		24b. DATE 11/18/54	24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) (State) St. Louis County Mo			
DATE REC'D BY LOCAL REG. NOV 17 1954		REGISTRAR'S SIGNATURE Herman J. Smith M.D. ADDRESS 4247/w Labadie	

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

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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..... *H. Claude Gor*

Licensed Embalmer No. *34*

P. O. Address *4575*

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. 00000000 00000000

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