Health, Welfare Public Service

300 1-56

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Doctor, coroner, etc. may use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36106
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8705

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BARNES HOSPITAL — Length of stay in 15 50 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3509 Franklin — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Preston Middle R. Last Rogers

4. DATE OF DEATH Month Day Year Sept. 17, 1956

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug. 7, 1887
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months 1 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Custodian
10b. KIND OF BUSINESS OR INDUSTRY City Hall
11. BIRTHPLACE (City and state or country) Athens, Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Rogers
14. MOTHER'S MAIDEN NAME Sallie Farrell

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.
17. INFORMANT Address Eleanor Rogers, 3509 Franklin

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General Cachexia — INTERVAL BETWEEN ONSET AND DEATH 4 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Vascular Accident — 9 wks.
DUE TO (c) 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Generalized Arteriosclerosis 20 yrs.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 12, 1956, to Sept. 17, 1956 and last saw her/him alive on Sept. 17, 1956
Death occurred at 9:25 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. C. Vermillion, M.D. M. D.
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 9/18/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9/24/56
23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery
23d. LOCATION (City, town, or county) (State) Kirkwood, Missouri

24. FUNERAL DIRECTOR ADDRESS Charles J. Gates, 4107 Finney Ave.
25. DATE RECD. BY LOCAL REG. SEP 20 1956
26. REGISTRAR'S SIGNATURE J. Earl Smith MD MJB

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No 42

P. O. Address 4107 Ju

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