

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34056**
Registrar's No. **8480**

FILED SEP 17 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis,** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis,** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: **D/ 4550 A Taxington Ave. 4550 A Taxington Ave.**

3. NAME OF DECEASED (Type or Print) a. (First) **John** b. (Middle) _____ c. (Last) **Rogers** 4. DATE OF DEATH (Month) (Day) (Year) **9 8 57**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **4-12-1896** 9. AGE (In years last birthday) **61** 10. MONTHS **5** 11. IF UNDER 1 YEAR Days _____ 12. IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Maintenance** 10b. KIND OF BUSINESS OR INDUSTRY **Mercantile Trust** 11. BIRTHPLACE (City and State or Foreign Country) **Meridian Miss.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Casay Rogers** 13b. MOTHER'S MAIDEN NAME **Unk.** 14. NAME OF HUSBAND OR WIFE **Iona Rogers**

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. **497-18-5807** 17. INFORMANT'S SIGNATURE OR NAME **Iona Rogers** ADDRESS **4550 Taxington Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Insufficiency** INTERVAL BETWEEN ONSET AND DEATH **5-7-57**

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS **Arrested T.B.**

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) **4211 A**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from **May 1, 1957** to **Sept 8, 1957** that I last saw the deceased alive on **Sept 8, 1957**, and that death occurred at **11 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **James Aldrich M.D.** 23b. ADDRESS **2671 1/2 Franklin Ave - St. Louis** 23c. DATE SIGNED **Sept 10 57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **9-13-57** 24c. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery** 24d. LOCATION (City, town, or county) (State) **6500 St. Louis Ave. Mo.**

DATE REC'D BY LOCAL REG. **SEP 10 57** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** FUNERAL DIRECTOR'S SIGNATURE **J. McClendon** ADDRESS **4535 Washington Blvd.**

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

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..... *John K. Cunningham*

Licensed Embalmer No. *4471*

P. O. Address *2405 Ma*

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.