

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024190
STATE FILE NUMBER

XC-8304533
Reg. #120584

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1808

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN ST. LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in 1b 99 DAYS	
d. STREET ADDRESS 3321 A. ITASKA AVE		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES A. ROGERS			4. DATE OF DEATH Month Day Year 7/5/58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-6-06
9. AGE (In years last birthday) 51		FUNDER 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) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CHARLES H. ROGERS	
13b. MOTHER'S MAIDEN NAME ANNA M. HELMS		14. NAME OF HUSBAND OR WIFE EDNA M. ROGERS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, XXXXXX) WW II		16. SOCIAL SECURITY NO. 488-09-0220	17. INFORMANT Address VA HOSPITAL RECORDS, JEFF. BRKS., MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral bronchial pneumonia.			INTERVAL BETWEEN ONSET AND DEATH Undetermined
DUE TO (b) Amyotrophic lateral sclerosis.			3 years
DUE TO (c) 3561			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 3-28-58 to 7-5-58 Death occurred at 6:20 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Oppler (Degree or title) W. OPPLER, M.D. D.P.S.		22b. ADDRESS VA HOSP., JEFF. BRKS., MO.	
22c. DATE SIGNED 7-6-58			
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE 7/9/58	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo	
24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd		25. DATE RECD. BY LOCAL REG. 7-7-58	
26. REGISTRAR'S SIGNATURE Herbert R. Danke M.D.			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Halley J. Geller Jr.*
Licensed Embalmer No. *4950*
P. O. Address *St. Louis*

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.