

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-842650
STATE FILE NUMBER
2938

FILED DEC 10 1958

Registration District No. 317 Primary Registration District No. 541-544 Registrar's No. 2938

S. 300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN House Springs <i>6518</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		Length of stay in 1b 12 hrs.	d. STREET ADDRESS (If outside, give location) Route 2 Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GLENADINE MAY ROGERS			4. DATE OF DEATH Month Day Year 11-12-58
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 26, 1942
9. AGE (In years last birthday) 16		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student	11. BIRTHPLACE (City and state or country) Salem, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lewis Glen Rogers	13b. MOTHER'S MAIDEN NAME Margaret M. Payne
14. NAME OF HUSBAND OR WIFE nil		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. none
17. INFORMANT Margaret Rogers, House Springs, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of liver			INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple lacerations of face, fracture maxilla			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile accident - pt. was driving		
20c. TIME OF INJURY Hour Month, Day, Year 6:00 p.m. 11/11/58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION 400 COUNTY St. Louis Mo.		
21. I attended the deceased from 11/11/58 to 11/12/58 and last saw her alive on 11/12/58 Death occurred at 7:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Donald T. Behrens M.D.		22b. ADDRESS 3606 Gravois	
22c. DATE SIGNED 12/2/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-13-58	23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem.	23d. LOCATION (City, town, or county) (State) Salem, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington		25. DATE RECD. BY LOCAL REG. 11-13-58	26. REGISTRAR'S SIGNATURE Herbert B. Dombek

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 John J. Haine

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

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.