

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS SEP 29 1959

59-034249

STATE FILE NUMBER

2 8617

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis</i>		Length of stay in 1b <i>36 years</i>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2806 Rutger</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>2806 Rutger</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <i>Jessie Rodgers</i>				4. DATE OF DEATH Month Day Year <i>9 15 59</i>					
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Colored</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Oct. 14, 1893 - 75</i>			
9. AGE (last birthday) <i>65</i>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>ml</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and state or country) <i>Jepton, Tenn</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>		
13a. FATHER'S NAME <i>James Brown</i>			13b. MOTHER'S MAIDEN NAME <i>Leticia Tucker</i>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		17. INFORMANT <i>Annie Mae Frazier</i>		Address <i>2806 Rutger</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:									
IMMEDIATE CAUSE (a)				<i>BRONCHO PNEUMONIA (HYPOSTATIC)</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 DAYS</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b)				<i>2 Mos.</i>	
				DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>1) GENERALIZED ARTERIO SCLEROSIS & SENILITY</i>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <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 <i>JULY 1958</i> to <i>SEPT 15, 1959</i> and last saw her <i>live on SEPT 14, 1959</i> Death occurred at <i>NINE O'CLOCK P</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>C. M. Turner, M.D.</i>				22b. ADDRESS <i>3861 St. Louis Avenue</i>		22c. DATE SIGNED <i>9-17-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>9-21-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Co. Missouri</i>			
24. FUNERAL DIRECTOR <i>Helma Helen Johnson Chouten</i>		ADDRESS <i>2729</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 18 59</i>		26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address Stam...

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.