URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 22 1960

60-017681

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 1278

NDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings — Length of stay in 1b: 3 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION High Towers Nursing Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Jennings — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2520 McLaran Ave. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Mary — Middle Clara — Last Rogers
4. DATE OF DEATH: Month 4 — Day 17 — Year 60
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-18-82
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): De Soto, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles C. Fletcher
13b. MOTHER'S MAIDEN NAME: Mary Byrd
14. NAME OF HUSBAND OR WIFE: Hugh Rogers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Wm. E. Rogers — Address: 715 Ferguson Ave.

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) Cerebral infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio-
DUE TO (c) vascular disease — unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
1) Senile dementia 2) Pernicious anemia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 Jan 27, 1953, to April 17, 1960 and last saw her/him alive on 4/11/60
Death occurred at 6:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Lewis Tittmann (Degree or title) MD
22b. ADDRESS: 8231 Clayton Rd (17)
22c. DATE SIGNED: 4/18/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-19-60
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR — ADDRESS: White-Mullen 118 N. Florissant Rd. Ferg.
25. DATE RECD. BY LOCAL REG.: 4-19-60
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by My self, Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold K. Lehrmann

Licensed Embalmer No. 3395

P. O. Address St Louis Mo

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