

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC #8302260 UNIT #A1691

-60-032076

STATE FILE NUMBER

FILED VS OCT 10 1960

317

Primary Registration District No. 500

Registrar's No. 2858

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. LOUIS							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS			Length of stay in 1b 23 DAYS		c. CITY OR TOWN ST. LOUIS 20		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7046 ROSLYN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First WILLIAM Middle H Last ROGERS				4. DATE OF DEATH Month SEPTEMBER Day 27 Year 1960							
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 3-15-13	9. AGE (last birthday) 47	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) MANAGER & COOK			10b. KIND OF BUSINESS OR INDUSTRY CAFETERIA		11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.		12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME WILLIAM H ROGERS SR			13b. MOTHER'S MAIDEN NAME HELEN ANDERSON		14. NAME OF HUSBAND OR WIFE LUCILLE E ROGERS						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II			16. SOCIAL SECURITY NO. 475-03-8165		17. INFORMANT ST. LOUIS MO. LUCILLE E ROGERS, WIFE, 7046 ROSLYN DR.						
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA, CAUSE UNDETERMINED						INTERVAL BETWEEN ONSET AND DEATH 18 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) 1. IDIOPATHIC PARKINSON'S DISEASE 2. ACUTE TRACHEOBRONCHITIS						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SLIGHT							
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. <input checked="" type="checkbox"/> attended the deceased from 9-4-60 to 9-27-60 Death occurred at 12:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) James S. Nelson James S. Nelson M.D.					22b. ADDRESS VAH JEFFERSON BARRACKS, MISSOURI			22c. DATE SIGNED 9-27-60			
23a. BURIAL, CREMATION, REPOVAL (Specify) BURIAL		23b. DATE Sept. 30, 1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis County Missouri					
24. FUNERAL DIRECTOR BUCHHOLZ MORT.- 5967 W. Florissant Ave				25. DATE RECD. BY LOCAL REG. 9-28-60		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.					

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilfred J. Bush

Licensed Embalmer No. 455

P. O. Address _____

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