

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-048899

LED VS JAN 24 1961

Registration District No. 316 Primary Registration District No. Registrar's No. 526 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)			
a. COUNTY <u>St. Francois</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Township</u>		c. CITY OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If outside, give location) <u>4230 Peck Ave.</u>	
e. COUNTY <u>St. Francois</u>		f. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Township</u>		g. CITY OR TOWN <u>St. Louis</u>		h. STREET ADDRESS (If outside, give location) <u>4230 Peck Ave.</u>	
Length of stay in 1b <u>21Y;6M;7das.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>FLORENCE</u>		Middle <u>V.</u>		Last <u>RODGERS</u>		Month <u>December 24,</u> Day <u>1960</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 8, 1895</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>16</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Charles J. Rodgers</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Gallagher</u>			14. NAME OF HUSBAND OR WIFE <u> </u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT Address <u>Records, State Hospital No. 4, Farmington, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Ruptured Small Intestine - - - - -</u>						<u>10 hr.</u>	
DUE TO (b) <u>Peritonitis - - - - -</u>						<u>8 das.</u>	
DUE TO (c) <u>Strangulated Femoral Hernia - - - - -</u>						<u>abt. 10 das.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Involutional Psychosis, Paranoid type - about 24 yrs.</u>						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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 <u> </u> Month, Day, Year <u> </u>		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 <u>December 16, 1960</u> , to <u>Dec. 24, 1960</u> and last saw her <u>alive</u> on <u>Dec. 24, 1960</u> . Death occurred at <u>3:30 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>Farmington, Missouri</u>		22c. DATE SIGNED <u>12-27-60</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		23c. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>		(State) <u> </u>	
24. FUNERAL DIRECTOR <u>Buchholz Mortuary, St. Louis, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 27, 1960</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS. FEB 27 1960

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 _____
C. A. Rozeau

Licensed Embalmer No. 406

P. O. Address Fernyt

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.