

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020919
5438 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

FILED JUN 7 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | | Length of stay in 1b | c. CITY OR TOWN ST. LOUIS |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BETHESDA GENERAL HOSPITAL | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1854 S. 13th |
| 3. NAME OF DECEASED (Type or print) First RICKIE Middle ROGERS Last | | 4. DATE OF DEATH Month May Day 25 Year 1962 | |
| 5. SEX MALE | 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 5-25-62 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours 43 IF UNDER 24 HR Hours 43 |
| 11a. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME KENNETH ROGERS | | 13b. MOTHER'S MAIDEN NAME SLYVIA EUPHEMOUS POWELL | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <i>Sylvia Rogers</i> 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) Congenital atelectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Immaturity DUE TO (c) 762.5 | | | INTERVAL BETWEEN ONSET AND DEATH <i>pink birth</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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 <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>on May 25, 1962</i> and last saw ^{her} him alive on <i>May 25, 1962</i> Death occurred at <i>3:45 a</i> m on the date stated above, and to the best of my knowledge from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Leroy E Ellison M.D.</i> | | 22b. ADDRESS <i>3610 So Broadway St Louis Mo</i> | |
| 22c. DATE SIGNED <i>May 25, 1962</i> | | 23a. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>5-31-62</i> | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i> | |
| 24. FUNERAL DIRECTOR <i>Rowland Mortuary Svc.</i> ADDRESS <i>4104-06 Manchester</i> | | 25. DATE RECD. BY LOCAL REG. <i>5-31-1962</i> | |
| 26. REGISTRAR'S SIGNATURE <i>Lead Smith, M.D.</i> | | | |

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.