

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 26 1933 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space. ✓

1. PLACE OF DEATH

County Moine Registration District No. 784 File No. 20553  
 Township St. Louis Primary Registration District No. 6030 Registered No. 103  
 City Spring (No. 9000 Shuskamp and St. 103 Ward)

2. FULL NAME

(a) Residence, No. 9000 Shuskamp and St. 103 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21-1853  
 7. AGE YEARS 82 MONTHS 5 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Co  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Ohio

MOTHER 13. NAME Joseph A. Rodgers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Louisa K. Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo N.Y.

17. INFORMANT (ADDRESS) Mrs Malissa Rodgers  
9000 Shuskamp and

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE May 27 1936

19. UNDERTAKER (ADDRESS) W. A. Zitzler  
2727 N. Grand St.

20. FILED May 27 1936 W. A. Zitzler Registrar  
Bob L. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/1/36 19 to 5/25/36 19  
 I last saw him alive on 5/25/36 19. Death is said to have occurred on the date stated above, at 6 m.  
 The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis Date of onset 17 x ago  
Senility  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) H. Stein M. D.  
 (Address) 6815 W. Linn St.

OCT 21 1941

JUL 26 1948