

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.

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43375
Do not use this space.
1625

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City St. Louis, Mo. (d) Street No. En route City Hospital #2 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sam Rogers

(a) Residence, No. 4043 Fairfax Ave. St. 11
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt. 45
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc. unknown
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 11

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16/37 19 ..
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 1:00 A.M.
 The principal cause of death and related causes of importance were as follows:

Haemorrhage due to Fractured Skull and lacerated kidney, suffered when deceased was beaten and kicked by one, known as Tom Villar, in front of about 4043 Fairfax Ave., about

Other contributory causes of importance:
1:00 A.M., December 16, 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
Clarksville Tenn

FATHER 13. NAME P. M. Rogers Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Montgomery Co Tenn
Emory Caldwell Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Montgomery Co. Tenn

17. INFORMANT (ADDRESS) Pearl Smith (Clarksville)
409 Henry St. (Tenn)

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville, Tenn. 12/18/1937

19. FUNERAL DIRECTOR (ADDRESS) E. L. Garner Und.
2829 Washington Ave.

20. FILE NO. DEC 18 1937 J. F. Bredeek
 Local Registrar.

Name of operation 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? Homicide Date of injury 12/16/37
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
In Public Place
 Manner of injury See Above
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify
 (Signed) Joseph M. Quinn M.D.
 (Address) Deputy Coroner

FEB 10 1947

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard, Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Arthur L. Hilliard

Licensed Embalmer No. 3389

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.)