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.

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

791
1003

30832
Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 8269
(c) City St. Louis, Missouri (d) Street No. ..... City Sanitarium 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 74 yrs. 5 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Rodgers
(a) Residence, No. 4230 Peck St. St. 10
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Gallagher Rodgers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1864

7. AGE: YEARS 74 | MONTHS 5 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) 20 yrs.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri 0

FATHER
13. NAME John Rodgers 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Dr. Ganloser 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Sept. 21, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED SEP 20 1938 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-1-38, 19, to 9-18-38, 19
I last saw him alive on 9-18-38, 19 Death is said to have occurred on the date stated above, at 10:10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure (Hypertensive) Time ?	

Other contributory causes of importance:
Hypertension Time ?
Gen. Arteriosclerosis 8-1-38x
Cirrhosis of Liver 8-1-38x

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? ..... 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? .....
If so, specify .....
(Signed) W. Ganloser, M. D.
(Address) 5400 Arsenal St

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed William G. Buchhol

Licensed Embalmer No. 2110

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.