

APR 12 1939

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

9088
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1008
 (c) City St. Louis (d) Street No. 4729 Varrelman 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 Charles Rodgers

(a) Residence, No. 4729 Varrelman St. 15 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Delia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 29

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Thomas Rodgers

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ann Winn

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Hazel Goldschmidt (ADDRESS) 4729 Varrelman

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem. DATE 3/28/39

19. FUNERAL DIRECTOR (NAME) J. L. Ziegnerheim (ADDRESS) 7027 Gravers

20. FILED MAX 27 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1939

22. I HEREBY CERTIFY that I attended deceased from March 20, 1939, to March 25, 1939

I last saw him alive on March 25, 1939 Death is said to have occurred on the date stated above, at 2:58 p.m.

The principal cause of death and related causes of importance were as follows:

Terminal Bronchitis
Pneumonia
March 25/39
820

Other contributory causes of importance:
Neurophlegia, caused by apoplexy stroke
4/4/39

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Walter J. Ruppel M. D.
 (Address) 4729 Varrelman

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.

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 *Clarence P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *6937^e Grand*

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