

1300 MAY 10 1939

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

13568
Do not use this space.

3910

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City..... St. Louis (d) Street No..... Homer Phillips Hospital..... 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 10 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 2.52 Williams Rogers

(a) Residence, No. 802 N. Jefferson St. 31 (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 C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1900				
7. AGE	YEARS 39	MONTHS 3	DAYS 4	IF LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil			
	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) (STATE OR COUNTRY) Mississippi				
FATHER	13. NAME Andrew Rogers			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi			
MOTHER	15. MAIDEN NAME Miama Dailey			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi			
17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier				
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 4/29-39				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. B. Budeck 3800 Ridge				
20. APR 27 1939 19 J. B. Budeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 14**, 19**39**
22. I HEREBY CERTIFY That I attended deceased from **April 5**, 19**39** to **April 14**, 19**39**
I last saw him alive on **April 14**, 19**39**. Death is said to have occurred on the date stated above, at **2:50p.m.**
The principal cause of death and related causes of importance were as follows:
Neurosyphilis

Date of onset
4/5/39

JK

Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis? **clinical** Was there an autopsy? **no**
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 **Herbert Esquire**, M. D.
(Signed) **Herbert Esquire**, M. D.
(Address) **2601 N Whittier**

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.

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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.....

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