

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 STANDARD CERTIFICATE OF DEATH

333 1/2 State File No. 1485 Registrar's No. 1485

SEP 7 1939

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH: (a) County St. Louis (b) City or town Mechem Park, Missouri (c) Name of hospital or institution (d) Length of stay: In hospital or institution About 35 years

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County (c) City or town Mechem Park (d) Street No. 314 Brooklyn Street (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Agnes Bolar Rodgers 326 (b) If veteran, name war (c) Social Security No.

20. DATE OF DEATH: Month August day 18th year 1939 hour 2 minute 40 A.M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widowed (b) Name of husband or wife Moses Rodgers (c) Age of husband or wife if alive years 7. Birth date of deceased April 7th 1866

21. I hereby certify that I attended the deceased from May 11, 1939, 1939 to Aug 17, 1939, that I last saw her alive on Aug 17, 1939, and that death occurred on the date and hour stated above. Immediate cause of death Myocarditis Duration 4 mo.

8. AGE: Years 73 Months 4 Days 11 If less than one day hr. min.

Due to Influenza

9. Birthplace Calaway County Missouri (City, town, or county) (State or foreign country)

Due to 93 21

10. Usual occupation Housework

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business 0

12. Name Richard Bolar 9 (MOTHER FATHER) 13. Birthplace Unavailable 9 (City, town, or county) (State or foreign country)

14. Maiden name Unavailable (MOTHER FATHER) 15. Birthplace Unavailable (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place) (e) Means of injury

16. (a) Informant's own signature Alene Watake Rogers (b) Address 314 Brooklyn Street

17. (a) Burial (b) Date thereof 8/20/39 (c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director (b) Address 4107 Finney Avenue

19. (a) AUG 19 1939 (Date received local registrar) (b) Registrar's signature

23. Signature W. S. Worth (M. D. or other) Address 124 E. Adams Street Date signed 8-19-39

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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.....

.....James A. Johnson.....  
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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

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