

791

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME: Ammanda Rogers Mandie Rodgers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 13 1849
(Month) (Day) (Year)

8. AGE: Years 91 Months 0 Days 0 If less than one day hr. _____ min.

9. Birthplace Met. Kno Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation ret

11. Industry or business Not known

12. Name unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Not known
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Johanna Rodgers
(b) Address 2398 A Spruce

17. (a) _____ (b) Date thereof 12 20 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Richard
(b) Address 2625 Bluffwood

19. (a) DEC 17 1940 (b) J. H. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2325 Randolph St. 22
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13
year 1940 hour 7 minute 55 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: 1st, 2nd and 3d degree burns of entire body when her clothing became ignited from stove in her home, 2325 Randolph St., Dec. 13, 1940 about 11.40 A.M. NO DAMAGE TO BUILDING OR CONTENTS.
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____ operations _____

Of autopsy 12

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 12-13-1940

(c) Where did injury occur? St Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Thomas F Callaway (M. D. or other) _____
Address Deputy Coroner Date signed 12/17/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 A. D. Richards

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.