

FILED AUG 18 1943 1818

State File No. \_\_\_\_\_  
Registrar's No. 7181

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution, 4 days  
(Specify whether  
In this community..... 2 years  
years, months or days)

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. 3120 Sheridan  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... Oscar J. Rogers  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 4,  
year 1943 hour 3 minute 45 A. M.  
21. I hereby certify that I attended the deceased from July 31, 1943 to August 4, 1943  
that I last saw h. in alive on August 4, 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Cauc 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife..... Willie Ann 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased..... April 15 1869  
(Month) (Day) (Year)

Immediate cause of death.....  
Hypertensive Heart Disease  
Paralytic Ileus

Duration  
Unk.  
Terminal

8. AGE: Years Months Days If less than one day  
74 3 19 hr. min.

9. Birthplace Rolla S. C. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business.....

MOTHER FATHER

12. Name Paul Rogers

13. Birthplace Rolla S. C. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Ann

15. Birthplace Rolla S. C. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant F. B. Andrews

(b) Address 1526 1/2 Cass Street

17. (a) Burial (b) Date thereof Aug 10, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. B. ...

(b) Address 3133 Bell Avenue

19. (a) AUG 9 1943 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death).....

Major findings:  
Of operations.....  
Of autopsy.....

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.....  
23. Signature H. B. Smith (M. D. or other)  
Address 2601 W. ... Date signed 8/5/43

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

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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 J. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Charenton

**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, fact should be so stated above.**