

FILED MAY 9 1944

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4013

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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:  
Missouri-Baptist Hospital  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1711  
(d) Street No. 4635a Kennerly Avenue  
(If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louie Virgil Rodgers,

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mabel Rodgers 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 4th 1897  
(Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 25 If less than one day hr. min.

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

10. Usual occupation Baker

11. Industry or business \_\_\_\_\_

12. Name Frank Rodgers  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Smith  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel J. Rodgers-wife

(b) Address 4635a Kennerly Avenue,

17. (a) burial (b) Date thereof 5/1/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid Avenue

19. (a) APR 30 1944 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th  
year 1944 hour 8 minute 33 A.M.

21. I hereby certify that I attended the deceased from Aug 19, 1943 to April 29, 1944  
that I last saw him alive on April 28, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma small intestine with metastasis throughout abdomen.  
Duration 10 mo.

Other conditions (Include pregnancy within 3 months of death)

Major findings: August 25, 43  
Carcinoma intestine  
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no.  
(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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature James A. Forsum (M. D. or other) MD  
Address 3903 Olive Date signed 4-29-44

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

1000

Rev. Wenzel &  
Rev. Fosser - 3903 Olive (This one)

between 1 + 3 P.M. Sat.

NOV 29 1954

JAN 14 1947

JAN 14 1947

**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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St. Louis, Mo.

**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.**