

FILED NOV 7 1946 318

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1420 N. 21st  
(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 St Louis  
(c) City or town St Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1420 N 21st (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SUSIE ROGERS

3. (b) If veteran, name war L (c) Social Security No. 2

4. Sex F 3. Color or race C  
6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife LUBY ROGERS  
6. (c) Age of husband or wife if alive 18 1/2 years  
7. Birth date of deceased L (Month) 1866 (Day) (Year)

8. AGE: abt. 80 Years ✓ Months ✓ Days ✓ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Domestic

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Unknown Unknown  
13. Birthplace Unknown Unknown  
14. Maiden name Marion Smith  
15. Birthplace Aberdeen Missouri

16. (a) Informant Wesley Rogers  
(b) Address 1450 N 22nd St

17. (a) BURIAL (b) Date thereof 10-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director W. J. Walton  
(b) Address 2743 Franklin

19. (a) \_\_\_\_\_ (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22  
year 1946 hour 8 minute 20 A. M.  
21. I hereby certify that I attended the deceased from Oct 16 1946 to Oct 21 1946  
that I last saw him alive on 21st Oct 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 1 year  
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) \_\_\_\_\_  
(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) \_\_\_\_\_ (Specify type of injury)  
23. Signature W. J. Walton (M. D. or other)  
Address 2743 Franklin Date signed 10/22/46

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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

*Arthur L. Hilliard*

Licensed Embalmer No.

*4221*

P. O. Address

*1154 Bayard Ave*

**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.**