S. No. 2
M—2-43
. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42886

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10581

1. PLACE OF DEATH:

(a) County
(b) City or town ST. Louis
(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 5 day (Specify whether
In this community 35 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~St. Louis~~ Mo. (b) County 21
(c) City or town ST. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 222 1/2 Beaumont
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles J. Rogers
3. (b) If veteran, name war War I
3. (c) Social Security No. 495-22-5714
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Birdie Rogers
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased April (Month) 20 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	7	15	hr. min.

9. Birthplace (City, town, or county) Miss (State or foreign country)
10. Usual occupation Presser
11. Industry or business
FATHER
12. Name Will Rogers
13. Birthplace (City, town, or county) Miss (State or foreign country)
MOTHER
14. Maiden name Williams
15. Birthplace (City, town, or county) Miss (State or foreign country)
16. (a) Informant Nelson, Lillie Mae
(b) Address 621 N. Beaumont
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11. 1946 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery Jefferson Barracks
18. (a) Signature of funeral director Dunn F. Home
(b) Address 215 So Jefferson
19. (a) DEC 10 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th year 1946 hour 5:50 minute 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 Internal hemorrhage from ruptured liver; Fractured left femur; suffered when deceased fell
Due to down a flight of steps in the rear of his home 222½ S. Beaumont
Due to St., on Nov. 30th, 1946, at about 11:55 P.M.

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 186
Of autopsy 21

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) Accident
(b) Date of occurrence Nov. 30th, 1946
(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? About home (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address [signature] Date signed 12/7/46

(Licensed Embalmer's Statement on Reverse Side)

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. S. L. Watson

Licensed Embalmer No. 269 S

P. O. Address 2269 Chouteau

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.