

Registration District No. 318 Primary Registration District No. 1003 State File No. Registrar's No.

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

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:  
2526 Coleman St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether 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. 2526 Coleman St.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME James Anthony Rogers.  
 (b) -If veteran, name war No  
 (c) Social Security No. 496-22-4890

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife.....  
 (c) Age of husband or wife if alive..... years

7. Birth date of deceased February 23 1884  
(Month) (Day) (Year)

8. AGE: Years 62 ~~9~~ Days 25 If less than one day hr. min.  
 9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer  
St. Louis Street Dept.  
 11. Industry or business  
 MOTHER FATHER { 12. Name Frank Rogers  
 13. Birthplace Boston Mass.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Catherine Mc. Carr  
 15. Birthplace Dubuque Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Rogers.  
 (b) Address 2526 Coleman St.  
 17. (a) Burial (b) Date thereof 12-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery  
 18. (a) Signature of funeral director Cullinane Bros.  
 (b) Address 3320 N. Kingshighway Blvd.  
 19. (a) DEC 19 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 18  
 year 1946 hour 5 minutes 10 a. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
 that I last saw him alive on....., 19.....,  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cerebral apoplexy  
 Due to.....  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 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).....  
 (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 [Signature] (M. D. or other).....  
 Date signed 12/19/46

**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 Fred Frick

Licensed Embalmer No. 3186

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.**