

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **Saint Louis,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4625 Rosa Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(Month, months or days)

3. (a) PRINT FULL NAME Clara Rogers
3. (b) If veteran, name war _____ **3. (c) Social Security No. _____**
4. Sex Female **5. Color or race White** **6. (a) Single, widowed, married, XXXXX, XXXX Married**
6. (b) Name of husband or wife Mack Rogers **6. (c) Age of husband or wife if alive 81 years**
7. Birth date of deceased September 16th 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	4	12	hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER
12. Name Brooks **13. Birthplace Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name Unknown **15. Birthplace Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Rogers
(b) Address 4625 Rosa Ave.

17. (a) Removal - RAIL **(b) Date thereof Jan. 29, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann, Missouri

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 29 1947 **J. F. Brodeur**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **oao**
(c) City or town **Saint Louis,**
(If outside city or town limits, write "RURAL") **2/17**
(d) Street No. **4625 Rosa Ave.**
(If rural, give location) **9**
(e) Citizen of foreign country? **No.** (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th
year 1947 hour 10 minute 05 P. M.
21. I hereby certify that I attended the deceased from Jan. 12th 1947 to Jan. 28th, 1947
and that death occurred on the date and hour stated above. Jan. 27th, 1947

Immediate cause of death: **Carcinoma (Cancer) of Stomach**
Duration: **1 yr.**

Due to _____
Due to _____
Other conditions: **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations: **no**
Of autopsy: **no**

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)
(e) Means of injury _____
23. Signature W. F. Walters (M. D. or other) **0**
Address **3608 Grand** Date signed **1/29/47**

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

FEB 10 1944

Grand & Memorial

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..... *Ralph C. Linders*
Licensed Embalmer No..... *4275*
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.