

FILED MAR 31 1947  
318

Registration District No. ....

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: Vahle Manor Nursing Home, 5904 Cates  
(d) Length of stay: In hospital or institution Since Feb. 14-47  
In this community life

3. (a) PRINT FULL NAME Wm. L. Rodgers

3. (b) If veteran, No. 3. (c) Social Security No. None

4. Sex M. O 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 8 1870  
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 11  
If less than one day hr. min.

9. Birthplace Alton, Ills.  
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Manufacturer

11. Industry or business Bricks

12. Name Col. Andrew Fuller Rodgers

13. Birthplace Fayette, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Jane F. Delaplain

15. Birthplace Alton, Ills.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. K. Barnett

(b) Address Alton, Ills (Upper)

17. (a) burial (b) Date thereof 3-21-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Ills.

18. (a) Signature of funeral director Alexander Sons, Inc

(b) Address 6175 Delmar

19. (a) MAR 20 1947 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 5904 Cates, Vahle Manor Nursing Home  
(e) Citizen of foreign country? (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 19 day 19  
year 1947 hour 1: minute 45 P. M.

21. I hereby certify that I attended the deceased from 1945 to Mar 19 1947  
that I last saw him alive on Mar 19 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Myocardial Failure

Due to Coronary Atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 51

Of autopsy NO

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?  
(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 [Signature] (M. D. or other) [Signature]  
Address [Signature] Date signed 3-20

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

511  
9  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 8 1941

**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 Geo E McCulloch  
Licensed Embalmer No. 2960  
P. O. Address 4175 Dillman

**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.**