S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32955

Registrar's No. 2655

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 City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 ds. (Specify whether
In this community 61 yrs.
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. 5300 Arsenal
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY ROGERS

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. 14 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	0	9	hr. min.

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

10. Usual occupation Attendent -City Sanitarium

11. Industry or business

FATHER
12. Name Wm. Rodgers
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Commerce Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.

17. (a) Removal (Rail) (b) Date thereof 9-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cape Giradeau, Mo.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address # 4228 So. Kingshighway Bl.

19. (a) SEP 15 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1947 hour 8.50 minute P M.

21. I hereby certify that I attended the deceased from August 26 1947 to Sept. 13, 1947 that I last saw him alive on Sept. 13, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Carcinoma of the Stomach	1 yr.
Due to Mastastasis, multiple	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Jack Kindelwar (M. D. or other)

Address 5400 Arsenal St. Date signed 9/14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

8655

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 Richard W Storrsand

Licensed Embalmer No. 4007

P. O. Address _____

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.