

FILED NOV 28 1947 **318**

Primary Registration District No. **1003**

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9

WRITE PLAINLY—USING 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..... **DePaul Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
 years, months or days)..... **2**

3. (a) PRINT FULL NAME..... **Nettie Rodgers.**

3. (b) If veteran, name war..... **No.**

3. (c) Social Security No. **None**

4. Sex..... **Female**

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **George Rodgers**

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

7. Birth date of deceased..... **June 28, 1873.**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	4	16 hr. min.

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

10. Usual occupation..... **Retired**

11. Industry or business.....

12. Name..... **Alfred Shaw**

13. Birthplace..... **Texas**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Elizabeth Loraine**

15. Birthplace..... **Florissant, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **James W. Rodgers**

(b) Address..... **6564 Mount Ave.**

17. (a) **Burial** (b) Date thereof..... **Nov. 17/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Ferdinand Cem.**

18. (a) Signature of funeral director..... **Jos. W. Clark**

(b) Address..... **1125 Hodiament Ave.**

19. (a) **NOV 16 1947** (b) **J. P. Bredick**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **St. Louis**

(c) City or town..... **Florissant**
(If outside city or town limits, write "RURAL")

(d) Street No..... **N.R. Rural.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Nov.** day..... **14**
 year..... **1947** hour..... **7.30** minute..... **P.M.**

21. I hereby certify that I attended the deceased from.....
8-16 19**43** to **11-14** 19**47**
 that I last saw her..... alive on..... **11-14** 19**47**
 and that death occurred on the date and hour stated above.
 Duration.....

Immediate cause of death..... **Pneumonia**

Due to..... **Choleliths Cholecystitis non calculous**

Due to..... **Chronic Myocarditis**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations..... **9/3**

Of autopsy..... **no**

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?.....

While at work?..... (Specify type of place)

23. Signature..... **Wm C. Moore** (M. D. or other) **M.D.**

Address..... **7301 Natural Bridge** Date signed..... **11-15-47**

Normandy Mo

Dr. WM. E. Moore,

7301 Natural Bridge Rd.,

MU.4064. 3-5 *Prin*

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 _____

Alfred T. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.,

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.