S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6943

Primary Registration District No. 1003

Registrar's No. 1167

1. PLACE OF DEATH:
(a) County: ~~St Louis Co / Homer G. Phillips~~
(b) City or town: St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Homer G. Phelps
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 hr.
(Specify whether
In this community: —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: St Louis Mo (b) County: Mo
(c) City or town: St Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 2327 A Lacaille St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Audrey Rodgers
3. (b) name war:
3. (c) Social Security No.: no

4. Sex: F. 3
5. Color or race: negro
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: Feb (Month) 14 (Day) 1947 (Year)

8. AGE: Years | Months: 6 | Days: 14 | If less than one day: hr. min.

9. Birthplace: St Louis (City, town, or county) (State or foreign country)
10. Usual occupation:
11. Industry or business:

FATHER
12. Name: Robert Rodgers
13. Birthplace: Ark (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Daisy Johnson
15. Birthplace: Miss (City, town, or county) (State or foreign country)

16. (a) Informant: Daisy Rodgers
(b) Address: 2327 A Lacaille St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2 4 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park
18. (a) Signature of funeral director: A. T. Burks
(b) Address: 212 Lawrence
19. (a) FEB 4 1948 (Date received by local registrar) (b) J. F. Bridell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 30
year: 1948 hour: 9 minute: 30 A.M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Atelectasis
Due to: Hemorrhagic
Due to:
Other conditions: (Include pregnancy within 3 months of death) N/A
Major findings:
Of operations:
Of autopsy:

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: 3
23. Signature: Fred Gray (M. D. or other)
Address: Gerfloman Date signed: 2/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Theodore T Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Troy mine St Webster Groves

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.