

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST. Louis
(b) City or town ST. Louis
(c) Name of hospital or institution HOMER G. PHILLIPS
(d) Length of stay: In hospital or institution
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000
(c) City or town ST. LOUIS 17
(d) Street No. 1127 1/2 N. 21st ST 9
(e) Citizen of foreign country? No 0
If yes, name country _____

3. (a) PRINT FULL NAME BELL ROGERS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 9 14
year 1948 hour 9 minutes 40 A.M.

4. Sex MALE 2 5. Color or race COL
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: JUNE 3 1876 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 10 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death: *Crown Thrombosis*
Due to _____
Due to _____

9. Birthplace JEOP 1 (City, town, or county) (State or foreign country)
10. Usual occupation LABOR

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

11. Industry or business _____
12. Name Unknown 9
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name MARGA 9
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant OSAAE ROGERS
(b) Address 1127 1/2 N. 21st ST
17. (a) SHIPPED (b) Date thereof 4-17-48 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director F. A. GREEDY
(b) Address 4217 DELMAR BLVD
19. (a) APR 17 1948 (b) J. J. BREDECK (Registrar's signature)

While at work? (Specify type of place) _____ (c) Means of injury 3
23. Signature Patrick E. Taylor, Registrar
Address 1300 Clark Date signed 4-16-48

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

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.....

Leighton H. Swan, Registered Apprentice No. *101*
working under my personal supervision.

Signed *J. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 DELMAR.*

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.