

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28683

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7462

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 4 years		d. STREET ADDRESS (If rural, give location) 4373 W. Pine Blvd	
d. FULL NAME OF HOSPITAL OR INSTITUTION STONE NURSING Home 4		d. STREET ADDRESS (If rural, give location) 19	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) Aug 26 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 23, 1859
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months 0 Days 4	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY NIL	11. BIRTHPLACE (State or foreign country) Collinsville, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME CARL M. ROGERS	
13b. MOTHER'S MAIDEN NAME MINNIE PABST		14. NAME OF HUSBAND OR WIFE ROBERT E.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NIL	
17. INFORMANT'S SIGNATURE OR NAME MRS PATTER		ADDRESS 3607 Osceola	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis	
INTERVAL BETWEEN ONSET AND DEATH 4 weeks		2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 9300			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? H222			
22. I hereby certify that I attended the deceased from July 10, 1948, to Aug 26, 1949, that I last saw the deceased alive on Aug 23, 1949, and that death occurred at 11:55 P. M., from the causes and on the date stated above.			
23a. SIGNATURE Nicholas A. Young M.D.		23b. ADDRESS 4307 S. Grand	
23c. DATE SIGNED 8-27-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug 29-49	
24c. NAME OF CEMETERY OR CREMATORY GLENWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) Collinsville, Ill.	
DATE REC'D BY LOCAL REG. AUG 28 1949		REGISTRAR'S SIGNATURE J. B. Sasater	
25. FUNERAL DIRECTOR'S SIGNATURE Geoff Funeral Home		ADDRESS 3029 Lafayette	

(Licensed Embalmer's Statement of Reverse Side)

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

Dr. Young #307 S. GERRARD

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Andrew W. Janocki

Signed.....  
Student Embalmer

Licensed Embalmer No. 14149

P. O. Address 3029 Lafayette

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.