

FILED DEC 1 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10037
Registrar's No. 10037

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10037			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 21-2700² Gambler St			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2700² Gambler St				d. STREET ADDRESS (If rural, give location) 21-2700² Gambler St					
3. NAME OF DECEASED a. (First) Fernest (Type or Print)			b. (Middle) _____		c. (Last) Rogers		4. DATE OF DEATH (Month) (Day) (Year) Nov 18 1949		
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) 1		8. DATE OF BIRTH Dec 12-1895		9. AGE (In years last birthday) 53 # UNDER 1 YEAR Months 11 DAY 6 HOURS 17 MIN. 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel			10b. KIND OF BUSINESS* OR INDUSTRY Hotel			11. BIRTHPLACE (State or foreign country) Lulu Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME unk			13b. MOTHER'S MAIDEN NAME unk			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I #1			16. SOCIAL SECURITY NO. 333-03-2240		17. INFORMANT'S SIGNATURE OR NAME Alfred Rogers ADDRESS 3071² Easton Ave				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) VIRUS PNEUMONIA						INTERVAL BETWEEN ONSET AND DEATH 12 DAYS	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) INFLUENZA							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE							
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) ST. LOUIS		(COUNTY) _____		(STATE) MO.	
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? _____					
22. I hereby certify that I attended the deceased from Nov. 12, 1949 , to _____, 19____, that I last saw the deceased alive on Nov. 12, 1949 , and that death occurred at 12:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) James M. Whittier, M.D.				23b. ADDRESS 4503 A. Page			23c. DATE SIGNED Nov. 18, 1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-28-49		24c. NAME OF CEMETERY OR CREMATORY National Jefferson Bkks		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.			
DATE REC'D BY LOCAL REG. Nov 22 1949		REGISTRAR'S SIGNATURE J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle ADDRESS 190N 3133 Bell Ave				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

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

Signed.....

S. J. Watson

Signed.....
Student Embalmer

Licensed Embalmer No. 2698

P. O. Address 2769 Pontiac

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.