

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **3017**
869
 Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 9159 | |
| 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 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home Of The Friendless | | d. STREET ADDRESS (If rural, give location) 15 4431 So. Broadway | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) CARRIE b. (Middle) ROGERS c. (Last) SELLERS | | 4. DATE OF DEATH (Month) (Day) (Year) Jan 26 1950 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow | 8. DATE OF BIRTH Apr 10 - 1867 |
| 9. AGE (In years last birthday) 82 | | 10. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Starkville, Miss. / |
| 12. CITIZEN OF WHAT COUNTRY? U S | | 13. FATHER'S NAME Joel Rogers | |

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|--|-----------------------------------|--|--|
| 13b. MOTHER'S MAIDEN NAME Madeline Rogers | | 14. NAME OF HUSBAND OR WIFE William Sellers | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No | 16. SOCIAL SECURITY NO. No | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Home Of The Friendless, 4431 So. Bldg | |

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|--|--|-------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronch. Pneumonia (Terminal) | | DUE TO (b) Toxic Anemia | | 4 days |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) Chronic Nephritis | | 2 yrs |
| II. OTHER SIGNIFICANT CONDITIONS | | Chronic Myocarditis | | 1 yrs |

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| 19a. DATE OF OPERATION no | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 57HX |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no | 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 **Mar 19 1947** to **1/26 1950**, that I last saw the deceased alive on **1/25 1950**, and that death occurred at **4:00** m., from the causes and on the date stated above.

| | | |
|---|-------------------------------------|---|
| 23a. SIGNATURE (Degree or title) Chas E. Hindman M.D. | 23b. ADDRESS 3723 Washington | 23c. DATE SIGNED 1/27/50 |
| 24a. BURIAL CREMATION (Specify) Burial | 24b. DATE Jan 28 1950 | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | |

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| DATE REC'D BY LOCAL JAN 27 1950 | REGISTER'S SIGNATURE J B Lasater | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ca. Holmeister Colonial Mortuary 646 Chippewa St. |
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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.....

....., Registered Apprentice No.

working under my personal supervision.

Student
Student Embalmer

Signed *Laura C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broadway*.....

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.