

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25194**
Registrar's No. **6042**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 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	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital No 1		d. STREET ADDRESS (If rural, give location) 5743 Theodosia Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) DUDLEY b. (Middle) F. c. (Last) ROGERS			4. DATE OF DEATH (Month) (Day) (Year) July 5, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 20, 1881
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 5	IF UNDER 2 HRS. Days 15 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler		10b. KIND OF BUSINESS OR INDUSTRY Retired 5 years	11. BIRTHPLACE (State or foreign country) Curlin Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Rogers	
13b. MOTHER'S MAIDEN NAME Betty McQueary		14. NAME OF HUSBAND OR WIFE Grace A/ Rogers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 488-03-0250	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul B. Rogers, 3224 Cole Avenue.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Spinal Anesthesia following Prostatectomy, at City Hosp. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death #1, July 5 1951, about 12:48pm	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED, WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 6/2X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:48P m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E. Taylor, Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7-6-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial A	
24b. DATE July 9, 1951		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	
24d. LOCATION (City, town, or county). (State) St. Louis, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Ave	
DATE REC'D BY LOCAL REG. JUL 6 1951		REGISTRAR'S SIGNATURE J. B. Foster	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo

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.