

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43292

State File No.

No. 300
10.48

FILED JAN 16 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11616**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2-219		
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis		0
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			2/ STREET ADDRESS (If rural, give location) 3108 Delmar Blvd		
3. NAME OF DECEASED (Type or Print) a. (First) BEATRICE		b. (Middle) MMN	c. (Last) RODGERS	4. DATE OF DEATH (Month) (Day) (Year) 12 26 51	
5. SEX Female 3	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10 July 1920	9. AGE (in years last birthday) 31	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician		10b. KIND OF BUSINESS OR INDUSTRY own shop	11. BIRTHPLACE (State or foreign country) Fulton, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Hill Dickens		13b. MOTHER'S MAIDEN NAME Celie Hamilton		14. NAME OF HUSBAND OR WIFE Ural Rogers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Marie Jackson ADDRESS 5108 Delmar			
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PULMONARY EDEMA		
			INTERVAL BETWEEN ONSET AND DEATH 42 HOURS		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			DUE TO (b) HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE 3 YEARS		
			DUE TO (c) MALIGNANT NEPHROSCLEROSIS 2 YEARS		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H H A X			
22. I hereby certify that I attended the deceased from 11/8 , 19 51 , to 12/26 , 19 51 , that I last saw the deceased alive on 12/26/ , 19 51 , and that death occurred at 4:35 Am. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) F. R. Bradley D M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 12/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11/	24b. DATE 29 Dec 51	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetary	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
DATE REC'D BY LOCAL REG. DEC 29 1951	REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bros, 3706 Finney Ave, St. Louis ADDRESS		

3.0 (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Hulton S. Culberson

Licensed Embalmer No. 4198

P. O. Address 4912 Front

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.