

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26267

State File No. \_\_\_\_\_

REG. DIST. NO. **318**

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

Registrar's No. **6477**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6477</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Egroute to City Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3840 Olive</b>			
3. NAME OF DECEASED a. (First) <b>CLARENCE</b>			b. (Middle) <b>T.</b>		c. (Last) <b>ROGERS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 1, 1952</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>		8. DATE OF BIRTH <b>Feb. 10, 1908</b>		9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Bob Rogers</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Hawkins</b>		14. NAME OF HUSBAND OR WIFE <b>Eileen Rogers</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>yes</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Eileen Rogers 10169 Imperial Drive</b>			
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						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b>						
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Pericard</b>				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>			
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 <b>9551</b> m., from the causes and on the date stated above.							
23. SIGNATURE <b>Dr. Frank B. Taylor</b> (Degree or title)				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>7-5-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>July 5, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Hope</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>III 5 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D. x P.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin F. Home 2301 La ayette Ave.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

3

*Cameron*

DEC 31 1957

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 *N. G. Farris*

Licensed Embalmer No. *3384*

P. O. Address *1301 Lafayette*

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.