V.S. No. 300
Rev. 10.48

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

FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33365

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8887

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. Firmin Desloge Hospt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston 4301
d. STREET ADDRESS (If rural, give location): 1410 Evergreen Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): Louis
c. (Last): Rodgers

4. DATE OF DEATH (Month) (Day) (Year): Sept. 23 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 10 1894
9. AGE (In years last birthday): 58
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Wagner Elect. Co.
11. BIRTHPLACE (City and State or Foreign Country): Denver Colo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Rodger
13b. MOTHER'S MAIDEN NAME: Nora Russell
14. NAME OF HUSBAND OR WIFE: Agatha Rodgers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ********
16. SOCIAL SECURITY NO.: 497 03 5906
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Agatha Rodgers 1410 Evergreen Ave

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) Peritonitis and Acute Yellow Atrophy of liver — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Pancreatitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis Inactive — 3 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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22. *I hereby certify that I attended the deceased from* July, 1950, *to* Sept 23, 1952, *that I last saw the deceased alive on* Sept 23, 1952, *and that death occurred at* 8:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Masao Ohmoto M. D.
23b. ADDRESS: 317 University Club Bldg.
23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 26 1952
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cem.
24d. LOCATION (City, town, or county) (State): St. Louis County Missouri

DATE REC'D BY LOCAL REG.: SEP 23 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jos. W. Clark 1125 Hodiamont Ave

(Licensed Embalmer's Statement on Reverse Side)

Dr.Masao Ohmotto
317 Unv.Club Bldg.
Je.6148
1**5P.M.

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 Alfred F. Boedeker

Licensed Embalmer No. 266

P. O. Address 1125 Hotchkiss

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.