

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3680**  
Registrar's No. **0544**

FILED JAN 26 1953

BIRTH NO. \_\_\_\_\_ 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 <b>Missouri</b> b. COUNTY <b>31</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b> <b>2.209</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>20 2615 Glasgow</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) _____ c. (Last) <b>Rogers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 15 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	
8. DATE OF BIRTH <b>Jan. 21, 1875</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>24</b> IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Clayborne County, Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Asborne Rogers</b>		13b. MOTHER'S MAIDEN NAME <b>Peachie Williams</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Rogers</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Lost</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nora McCann</b> ADDRESS <b>2613 Glasgow</b>	

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) <b>Hypertensive Cardiovascular Disease</b>		DUPLICATE (b) <b>Undetermined</b>		<b>Undet.</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>443X</b>	

22. I hereby certify that I attended the deceased from **1-12**, 19**53**, to **1-15**, 19**53**, that I last saw the deceased alive on **1-15**, 19**53**, and that death occurred at **12:55A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward B. Williams, D.O.</b>		23b. ADDRESS <b>2601 N. Whittier St</b>		23c. DATE SIGNED <b>1-15-53</b>	
--	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 19, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Saint Louis, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>JAN 19 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Brown</b> ADDRESS <b>1221 N. Grand Blvd.</b>	
---	--	---	--	---	--

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

1662.

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 \_\_\_\_\_

*Chyler Swann*

Licensed Embalmer No. *4580*

P. O. Address *1221 Grand*

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.