

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19827

FILED JUN 12 1953

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5237

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b>	
c. LENGTH OF STAY (in this place) <b>17 Days</b>		d. STREET ADDRESS (If rural, give location) <b>528 Yeatman Av</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Anthony Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>Marie</b> c. (Last) <b>Rogers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 24 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Jan. 2nd 1916</b>			9. AGE (in years last birthday) <b>37</b>		10. IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Jefferson City Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>George Schrimpf</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Lyons</b>		14. NAME OF HUSBAND <b>Roscoe Rogers</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-30-6817</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr Roscoe Rogers</b>	
				ADDRESS <b>528 Yeatman Av. W.G.</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, asphyxia, 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) <b>Cancer of colon</b>		DUE TO (b) <b>Intoxication</b>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Bowel obstruction</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Peritonitis</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of abdominal organs</b>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>153X</b>			

22. I hereby certify that I attended the deceased from **May 7, 1953 to May 24, 1953**, that I last saw the deceased alive on **May 24, 1953**, and that death occurred at **L.S.P.A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. P. Swinner, M.D.</b>		23b. ADDRESS <b>16 Hampton Village Plaza</b>		23c. DATE SIGNED <b>5/25/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Remove</b>		24b. DATE <b>May 25th 53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>*****</b>	
		24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>MAY 25 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fey Funeral Home Inc</b>	
				ADDRESS <b>4100 Ferry Rd</b>	

(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 W. Morris

Licensed Embalmer No. 3360

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

\*If this body is not embalmed, fact should be so stated above.