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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1954

State File No. 3213

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0722

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 (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1208 North Union Blvd 205 9

3. NAME OF DECEASED (Type or Print)
a. (First): EDDIE
b. (Middle):
c. (Last): RODGERS

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 21, 1954

5. SEX: Male
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 11 1887
9. AGE (In years last birthday): 66 — If under 1 year: Months 11, Days 10 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Forrest City Ark
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Ben Rodgers
13b. MOTHER'S MAIDEN NAME: Esther Rodgers
14. NAME OF HUSBAND OR WIFE: Dollie 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.: 494-09-1190
17. INFORMANT'S SIGNATURE OR NAME: Dollie Rodgers — **ADDRESS**: 1208 North Union 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) Cerebral hemorrhage and subarachnoid bleeding with left monoplegia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic heart disease and hypertensive cardio-vascular disease — Several yrs.

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:
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?: 4200

22. *I hereby certify that I attended the deceased from* Jan 18, 1954, *to* Jan 21, 1954, *that I last saw the deceased alive on* Jan 21, 1954, *and that death occurred at* 10:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. F. Vinellear M.D. — (Degree or title): M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 1-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan 26 1954
24c. NAME OF CEMETERY OR CREMATORY: Zion Cemetery
24d. LOCATION (City, town, or county) (State): Forrest City, St Francis Co, Ark

DATE REC'D BY LOCAL REG. JAN 23 1954
REGISTRAR'S SIGNATURE: J. Carl Schmid MD
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: J.H.Randle & Son 3133 Bell Ave

MDB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed S. J. Watson

Licensed Embalmer No. 26

P. O. Address 276 9

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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