

FILED FEB 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3434

BIRTH NO.		REG. DIST. NO. <u>517</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>77</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berkeley City</u>		c. LENGTH OF STAY (In this place) <u>16 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton 4621</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>6320 Alamo Avenue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>ROLLA</u> c. (Last) <u>ROGERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9/27/1872</u>		
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR <u>3</u> Months		IF UNDER 12 HRS. <u>15</u> Hours		IF UNDER 1 MIN. <u></u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufacturer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Iron</u>		11. BIRTHPLACE (State or foreign country) <u>Nashville Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Rogers</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ferguson</u>			14. NAME OF HUSBAND OR WIFE <u>Lillian F. Bonville Rogers</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-09-9741</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wm. R. Rogers 6320 Alamo Ave.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs +</u> <u>7 yrs +</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u></u>					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) <u>334X</u>				
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?				
22. I hereby certify that I attended the deceased from <u>10-6-49</u> 19 <u>49</u> , to <u>1/12/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>January 12 1955</u> , and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. Fred W. Clark</u> M. D.				23b. ADDRESS <u>864 Hamilton Avenue St. Louis</u>		23c. DATE SIGNED <u>1/12/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/14/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1/25/55</u>		REGISTRAR'S SIGNATURE <u>Heather R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hubruster Mortuary 6633 Clayton Road</u>				

(Licensed Embalmers' Statement on Reverse Side)

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

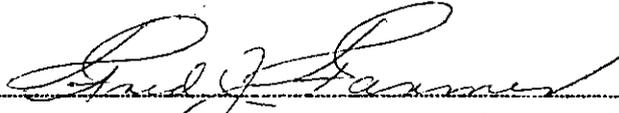
**STATEMENT BY LICENSED EMBALMER**

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 

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo

**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.