

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10122

FILED MAR 18 1955

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 1811

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (In this place) <i>2 weeks</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>Missouri Baptist</i>		e. STREET ADDRESS (If rural, give location) <i>17 3815 Lafayette 2170</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Catherine P.</i> b. (Middle) <i>Rogers</i> c. (Last)		DATE OF DEATH (Month) (Day) (Year) <i>2/23/55</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>5</i>	8. DATE OF BIRTH <i>Aug. 26 1883</i>
9. AGE (In years) <i>71</i>		if UNDER 1 YEAR Months <i>5</i> Days <i>28</i>	if UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>self</i>	11. BIRTHPLACE (City and State of Foreign Country) <i>St. Louis Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>John Rogers</i>	
13b. MOTHER'S MAIDEN NAME <i>Bridget Finnegan</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i></i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. E. Farrel</i>		ADDRESS <i>3815 Lafayette</i>	
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) <i>Nephro sclerosis with Acute Failure</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio sclerotic Heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>	
DUE TO (c) <i>Generalized arterio sclerosis</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Post op. cholecystectomy</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Cholecystitis and cholelithiasis</i>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>4200</i>			
22. I hereby certify that I attended the deceased from <i>Feb 13, 1955</i> , to <i>Feb 23, 1955</i> , that I last saw the deceased alive on <i>Feb 23, 1955</i> , and that death occurred at <i>10:45 pm</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Gen. B. Clarkoff</i>		23b. ADDRESS <i>607 N. Grand</i>	
23c. DATE SIGNED <i>2-25-55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2/26/55</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo. 2/25/55</i>	
DATE REC'D BY LOCAL REG. <i>FEB 25 1955</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith Mo</i>	
FUNERAL DIRECTOR'S SIGNATURE <i>J. A. Howard</i>		ADDRESS <i>1619 So. Grand</i>	

(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.....  
Signature of Student Embalmer

Signed *Blair R. Padgett*

Licensed Embalmer No. *407*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.