

FILED APR 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 13829
Registrar's No. 3143

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (In this place) **3 weeks**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Pacific**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.**
b. COUNTY _____
c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) **5831 Mimika Ave** 20790

3. NAME OF DECEASED (Type or Print)
a. (First) **Russell** b. (Middle) **Bond** c. (Last) **Rogers**

4. DATE OF DEATH (Month) (Day) (Year)
Apr. 5 1955

5. SEX **male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Nov. 26, 1890**

9. AGE (In years last birthday) **64**
IF UNDER 1 YEAR Months Days
IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired.) **Supt. of Trans.**

10b. KIND OF BUSINESS OR INDUSTRY **Railroad**

11. BIRTHPLACE (City and State or Foreign Country) **Henderson Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Dr. R. M. Rogers**

13b. MOTHER'S MAIDEN NAME **Carrie Haskins**

14. NAME OF HUSBAND OR WIFE **Alta Rogers**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Alta Rogers 5831 Mimika 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) **Adenocarcinoma of Sigmoid with generalized metastases**
ANTECEDENT CAUSES **with generalized metastases**
DUE TO (b) _____
DUE TO (c) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **2 yrs**

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **153x**

22. I hereby certify that I attended the deceased from **Mar 18, 1955**, to **April 6, 1955**, that I last saw the deceased alive on **April 6, 1955**, and that death occurred at **2:52 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John T. Vandover MD**

23b. ADDRESS **1504 So Grand Blvd**

23c. DATE SIGNED **4/6/55**

24a. BURIAL, CREMATION, OR OTHER DISPOSITION **cremation**

24b. DATE **4/8/55**

24c. NAME OF CEMETERY OR CREMATORY **Valhalla Chapel**

24d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

DATE REC'D BY LOCAL REG. **APR 8 1955**

REGISTRAR'S SIGNATURE **Charles Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Buchholz Mortuary 5967W. Florissant**

(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 *W. Fred H. Buchholz*
Licensed Embalmer No. *750*

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.