

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH16951  
State File No. 1003  
4129  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4129	
1. PLACE OF DEATH a. COUNTY <i>Peoples Hospital</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Peoples Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>21 2836 Lucas Avenue</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Elnora</i>		b. (Middle) <i>Ardell</i>		c. (Last) <i>Rogers</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>5 4 1955</i>	
5. SEX <i>Female</i> <i>3</i>		6. COLOR OR RACE <i>Colored</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>6-29-1908</i>	
9. AGE (In years last birthday) <i>46</i>		10. MONTHS <i>10</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Mississippi</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		13a. FATHER'S NAME <i>Jasper Hamilton</i>		13b. MOTHER'S MAIDEN NAME <i>Boulah Netter</i>	
13c. NAME OF HUSBAND OR WIFE <i>James Rogers</i>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>?</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mr. James Rogers</i>		17. INFORMANT'S SIGNATURE OR NAME		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS <i>2836 Lucas Avenue</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cancer of Breast</i>				INTERVAL BETWEEN ONSET AND DEATH <i>about</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>don't know</i>				DUE TO (c) <i>don't know</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none &amp; Metastasis to liver</i>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>no operat</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR <i>170x</i>	
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		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <i>4-13-1955</i> to <i>5-4-1955</i> , that I last saw the deceased alive on <i>May 4, 1955</i> , and that death occurred at <i>12:10 AM.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>J. B. Key M.D.</i>				23b. ADDRESS <i>480 Compton</i>		23c. DATE SIGNED <i>5-6-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5-11-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>MAY 9 1955</i>		REGISTRAR'S SIGNATURE <i>J. C. Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ellis Funeral Home, Inc.</i>		ADDRESS <i>2820 Stoddard St.</i>	

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 *Fulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St. Thomas 137M*

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.