

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43473

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11590**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		a. STATE Mo b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN 4281 Pagedale	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 1203 Iona			

3. NAME OF DECEASED (Type or Print)	a. (First) Cora	b. (Middle)	c. (Last) Rogers	4. DATE OF DEATH (Month) (Day) (Year) 12 31 55
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-10-1883	9. AGE (In years last birthday) (If under 1 year, Months) (If under 12 mos., Days) (Hours) (Min.) 72
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Versailles Mo	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME August Walter	13b. MOTHER'S MAIDEN NAME Eliza Green	14. NAME OF HUSBAND OR WIFE Henry Rogers (Dec)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 489-07-9924	17. INFORMANT'S SIGNATURE OR NAME Mrs Winifred Baker	ADDRESS 4469 Lexington
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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		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Massive Cerebrovascu- lar Thrombosis	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Pneumonia		3 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **12-28, 1955** to **12-31, 1955**, that I last saw the deceased alive on **12-31, 1955**, and that death occurred at **2:45pm.**, from the causes and on the date stated above.

23a. SIGNATURE d. J. Steiner MD	(Degree or title)	23b. ADDRESS 634 N Grand	23c. DATE SIGNED 1-2-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-3-56	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem	24d. LOCATION (City, town, or county) (State) St Louis Mo
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DATE REC'D BY LOCAL REG. JAN 3 1956	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S NAME AND ADDRESS Joe W Clark Funeral Home Inc 1125 Hodiamont Ave
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(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 *J. E. Morris*.....

Licensed Embalmer No. *30*.....

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.