ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-011466
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3198

FILED APR 14 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b 50-yrs.

c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Luke's Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5879 Clemens Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Dr.Frank Middle Chester Last Rodgers

4. DATE OF DEATH Month April Day 3rd., Year 1961

5. SEX M.

6. COLOR OR RACE W.

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11/24/1877

9. AGE (last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orthodontist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Albany,N.Y.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Robinson Rodgers

13b. MOTHER'S MAIDEN NAME Ann Unknown

14. NAME OF HUSBAND OR WIFE —

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

16. SOCIAL SECURITY NO. —

17. INFORMANT Miss Ann Caroline Hartley, Address 4470a Laclede Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH 3 YRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-18-56, to 4-3-61 and last saw her/him alive on 4-3-61
Death occurred at 8:15 pm. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William A. Tiers Jr. M.D.

22b. ADDRESS 3720 Washington Ave.

22c. DATE SIGNED 4-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Apr. 6-1961

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) (State) Jefferson Barracks,Mo.

24. FUNERAL DIRECTOR Arthur J. Donnelly — ADDRESS 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG. APR 5 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF DOCUMENT — MEDICAL CERTIFICATION

9:30 to 7 - Wed.

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 Thomas D. Williamso

Licensed Embalmer No. 3565

P. O. Address 3840 Linde

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.