

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023579
STATE FILE NUMBER

AMENDED FILED JUL 5 1961 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1762

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rock Hill Mo.		Length of stay in 1b POA	c. CITY OR TOWN Rock Hill Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp Euclid & Platteau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 217 Eldridge Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Henry Rogers			4. DATE OF DEATH Month Day Year June 23 1961
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/25/39
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Custodian	9. AGE (last birthday) 22
11. BIRTHPLACE (City and state or country) Dyersburg Tenn.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Henry Rogers Sr.		13b. MOTHER'S MAIDEN NAME Creola Johnson	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 11/27/56-10/18/60		16. SOCIAL SECURITY NO.	17. INFORMANT John Henry Rogers 217 ELDRIDGE Address
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Massive hemorrhage due to penetrating stab wound of heart Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Stabbed during argument	
20c. TIME OF INJURY Hour 2:30 a.m. <input checked="" type="checkbox"/> m. <input type="checkbox"/> p. <input type="checkbox"/> Month, Day, Year 6/23/61			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	20f. CITY, TOWN, OR LOCATION Rock Hill	COUNTY STATE St. Louis Missouri
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jayson H. Van Coroner		22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 6/27/61
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 6/28/61	23c. NAME OF CEMETERY OR CREMATORY Jeff Bks Nat'l Cemetery	23d. LOCATION (City, town, or county) (State) Jeff Bks Missouri
24. FUNERAL DIRECTOR J. D. Gendell & Sons 117 E. Kierhore		25. DATE RECD. BY LOCAL REG. 6-24-61	26. REGISTRAR'S SIGNATURE J. B. Murphy M.D.

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

Signature

Andrew P. Paudee

Licensed Embalmer No. 4243

P. O. Address 130 Eldridge
West Haven, Ct.

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.