

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-047826  
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12483

**FILED JAN 25 1962**

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis, Mo.</u>                     |  | c. CITY OR TOWN <u>ST. LOUIS</u>   |  |
| Length of stay in 1b   |  | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Louis City Hosp. #1.</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>1736 MISSISSIPPI</u>   |  |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |

|   |                                  |   |  |  |                                  |
|---|----------------------------------|---|--|--|----------------------------------|
| 3. NAME OF DECEASED (Type or print)<br>First <u>JUDITH ANN</u> Middle <u>Baby Girl</u> Last <u>Rogers</u> |                                  |   | 4. DATE OF DEATH<br>Month <u>December</u> Day <u>23</u> Year <u>1961</u> |  |                                  |
| 5. SEX<br><u>FEMALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>12/22/61</u>                                      | 9. AGE (last birthday)<br>IF UNDER 1 YEAR<br>Months <u>1</u> Days <u>8</u> Hours <u>17</u> | IF UNDER 24 HR<br>Min. <u>17</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>no</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>none</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>ST. LOUIS, MO</u>                         |                                  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A</u>   |                                  | 13a. FATHER'S NAME<br><u>GERALD LEE ROGERS</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>MABLE ELLEN ROE</u>  |                                  |
| 14. NAME OF HUSBAND OR WIFE   |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>                                       |  | 16. SOCIAL SECURITY NO.<br><u>NONE</u>   |                                  |
| 17. INFORMANT<br><u>ST. LOUIS CITY HOSP. #1.</u>  |                                  | Address   |  |  |                                  |

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH (Enter only one cause by line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Congenital osteoporosis</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| DUE TO (b) <u>Immaturity</u>  |  |  |   |
| DUE TO (c) <u>762.5</u>   |  |  |   |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|---|---|--|

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|---|--|--|--|
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE |
|---|--|--|--|

21. I attended the deceased from 12/22/61 to 12/23/61 and last saw her/him alive on 12/23/61  
Death occurred at 11:15 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |  |                                     |
|---|--|-------------------------------------|
| 22a. SIGNATURE<br><u>Gerald Rogers M.D.</u> (Degree or title) | 22b. ADDRESS<br><u>1515 Lafayette Ave.</u> | 22c. DATE SIGNED<br><u>12/23/61</u> |
|---|--|-------------------------------------|

|   |                             |   |  |
|---|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE<br><u>1-31-62</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Anatomical Board</u> | 23d. LOCATION (City, town, or county)<br><u>St. Louis, Mo.</u> (State) |
|---|-----------------------------|---|--|

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|--|--|--|
| 24. FUNERAL DIRECTOR<br><u>Howland Mortuary Svc 4104-06 Manchester</u> ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><u>JAN 19 1962</u> | 26. REGISTRAR'S SIGNATURE<br><u>Road Smith, M.D.</u> |
|--|--|--|

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

IDENTITY SHOULD READ

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.