

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10272**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

OCT 24 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN E. St. Louis	
Length of stay in 1b 2 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Childrens Hospital		d. STREET ADDRESS 43D Rossevelt Homes	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES ANTHONY RODGERS		4. DATE OF DEATH Month Day Year 10 15 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-31-58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) E. St. Louis, Ill
13a. FATHER'S NAME Thomas Leroy Rodgers, Sr.		13b. MOTHER'S MAIDEN NAME Alberta Sharp	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) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Thomas Rodgers, Sr.		Address 43D Roosevelt Homes E. St. Louis, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE LYMPHOCYTIC LEUKEMIA			INTERVAL BETWEEN ONSET AND DEATH 10 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 2043 DUE TO (c)			
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 type="checkbox"/>	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 <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 COUNTY STATE
21. I attended the deceased from JANUARY 1963 to OCTOBER 14, 1963 and last saw her alive on 10/14/63 Death occurred at 10/15/63 5:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harry Hamell, M.D.		22b. ADDRESS 500 S. KINGS HIGHWAY	22c. DATE SIGNED 10/15/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-17-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) Belleville, Illinois (State)
24. FUNERAL DIRECTOR Joseph J. Kassly E. St. Louis, Illinois		25. DATE RECD. BY LOCAL REG. OCT 15 1963	26. REGISTRAR'S SIGNATURE Hoan Smith, M.D.

