

FILED MAR 13 1944

318

Primary Registration District No.

100.5

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Isolation Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1/29/44 to \_\_\_\_\_  
(Specify whether years, months or days) 3/1/44

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9 10  
(d) Street No. 3037 Clarence Place  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME William Rozelle

3. (b) If veteran, name war: ---  
3. (c) Social Security No. None

4. Sex Male 5. Color or race Colored  
6. (a) Single widowed, married, divorced: --- 0

6. (b) Name of husband or wife: ---  
6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased January 10th 1933  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>11</u>	<u>1</u>	<u>20</u>	hr. _____ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business: ---

MOTHER FATHER { 12. Name William Rozelle  
13. Birthplace Bellmont Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elsie Weht  
15. Birthplace Meridian Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Grady  
(b) Address 5600 Arsenal St.

17. (a) Burial (b) Date thereof 3-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Breunert Barn

18. (a) Signature of funeral director Charles J. Gates  
(b) Address 4107 Finney Avenue

19. (a) MAR 6 1944 (b) J. F. Brudeck  
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st  
year 1944 hour 10 minute 55 PM

21. I hereby certify that I attended the deceased from 1/29  
19 44 to 3/1 19 44  
that I last saw him alive on 3/1 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain abscesses  
No malignancy  
caused myeloma  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy as above  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Dr. Maxwell (M. D. or other) \_\_\_\_\_  
Address 5600 Arsenal St. Date signed 3-2-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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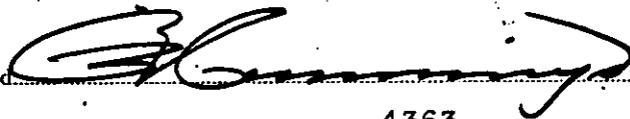
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....**Robert Lee Cummings**....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. **4363**

P. O. Address: **4107 Finney Avenue**

**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 this body is not embalmed, fact should be so stated above.**