

FILED MAR 1 1946
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Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **1663**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME DARRYL EUGENE ROST

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 16 1937
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>8</u>	<u>4</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation student

11. Industry or business _____

MOTHER FATHER { 12. Name Dorse Rost

{ 13. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Helen Cawthon

{ 15. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hannibal, Mo.

(b) Address _____

17. (a) Burial Hannibal, Missouri
(Burial, cremation, or removal)

(b) Date thereof 2-20-46
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 18 1946 J. F. Bradlock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 816 N. 6th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1946 hour 8 minute 58 A.M.

21. I hereby certify that I attended the deceased from 2-1, 1946, to 2-17, 1946,
that I last saw him alive on 2-17, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor, medulloblastoma optic, left parietal. Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature Mason Trigg (M. D. or other) _____
Address 500 So. Kingshighway Date signed _____

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

17
9

6822

64
NR3
4

5H

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Robert G. Haffer*

Licensed Embalmer No. *5471*

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