S. No. 2
M—5-42
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18840

State File No.

FILED MAY 16 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4014

1. PLACE OF DEATH:

(a) County —

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

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. — 4553 Washington
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME MICHIAL WAYNE Rollins

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased May (Month) 1 (Day) 1946 (Year)

8. AGE: Years | Months | Days 1 | If less than one day 2 hr. 33 min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Everett August Rollins
13. Birthplace Bell, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anita Genevieve Rollins
15. Birthplace Winfield, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. Rollins
(b) Address 4553 Washington Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-2-1946 (Month) (Day) (Year)
(c) Place burial or cremation Bethany Cemetery Winfield Mo

18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy Mo

19. (a) MAY 3 1946 (Date received local registrar) Mo J. F. Bradcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1946 hour 5 30 minute a M.

21. I hereby certify that I attended the deceased from May 1 1946, 19 , to May 2 1946 that I last saw him alive on May 1 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary atelectasis	
Due to Prematurity	
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? (Specify type of place)

(e) Where at work? (e) Means of injury

23. Signature Bert Klein (M. D. or other) MD

Address 2632 S. Kingshighway Date signed 5-2-46

(Licensed Embalmer's Statement on Reverse Side)

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..... Ronald Yahnke

Licensed Embalmer No..... 3917

P. O. Address..... St Louis Mo

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.