

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43756
Registrar's No. 2710

FILED DEC 31 1947

Registration District No. 317

Primary Registration District No. 3065

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

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town GLENDALE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 YRS (Specify whether)
In this community 7 YRS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS
(c) City or town GLENDALE
(If outside city or town limits, write "RURAL")
(d) Street No. 675 HAWBROOK
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALAN GRAY ROCKWOOD

3. (b) If veteran, name war NONE 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 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 MAR 5 1932
(Month) (Day) (Year)

8. AGE: Years 15 Months 9 Days 24 If less than one day hr. _____ min. _____

9. Birthplace STONEHAM MASS
(City, town, or county) (State or foreign country)

10. Usual occupation IN SCHOOL

11. Industry or business _____

MOTHER FATHER { 12. Name VERNON G ROCKWOOD
13. Birthplace HYDE PARK MASS
(City, town, or county) (State or foreign country)
14. Maiden name HELEN J NUTTER
15. Birthplace MEDFORD MASS
(City, town, or county) (State or foreign country)

16. (a) Informant Vernon G Rockwood
(b) Address 675 Hawbrook, Glendale, Mo

17. (a) BURIAL (b) Date thereof 12-30-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Parker Undert Co
(b) Address 1401 S Grand Mo

19. (a) 12-29-47 (b) Carl C. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29
year 1947 hour 1:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____ to 12-29, 1947;
that I last saw him alive on 12-27, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - lung and liver Duration _____
Due to 47d
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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address _____ Date signed _____

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Holston Springs, 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.