S. No. 300
v. 10.48

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

FILED AUG 10 1950

#102198

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25217
Registrar's No. 6516

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 21
d. STREET ADDRESS (If rural, give location): 1723 North Grand Bl.

3. NAME OF DECEASED (Type or Print)
a. (First): Infant
b. (Middle):
c. (Last): ROCKWELL

4. DATE OF DEATH (Month) (Day) (Year): July 30th, 1950

5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 28, 1950
9. AGE (In years last birthday): If under 1 year: Months; Days: 2; If under 1 hr.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Roy Rockwell
13b. MOTHER'S MAIDEN NAME: Sharon Tindell
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Jennie Tindell
ADDRESS: 1723 N Grand

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): atelectasis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (At home or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 762.5

22. I hereby certify that I attended the deceased from 7/28/50, 19___, to 7/30/50, 19___, that I last saw the deceased alive on 7/30/50, 19___, and that death occurred at 3:30pm., from the causes and on the date stated above.

23a. SIGNATURE: L W Burrows (Degree or title): M.D.
23b. ADDRESS: 1515 Lafayette Ave.,
23c. DATE SIGNED: 7/31/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7/31/50
24c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery
24d. LOCATION (City, town, or county) (State): St Louis County, Mo

DATE REC'D BY LOCAL REG.: JUL 31 1950
REGISTRAR'S SIGNATURE: J. B. Fassler
25. FUNERAL DIRECTOR'S SIGNATURE: Bull Campbell
ADDRESS: 4215 Lindell

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Not embalmed

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.