

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28976

FILED SEP 9 1950

BIRTH NO.		REG. DIST. NO. 217	PRIMARY REG. DIST. NO. 4464	Registrar's No. 2113
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		
c. LENGTH OF STAY (to this place)		d. STREET ADDRESS (If rural, give location) 2332 Burns		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2332 Burns				
3. NAME OF DECEASED (Type or Print) a. (First) Jeanne		b. (Middle) Royang		c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) Sept. 4 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 10, 1896	9. AGE (to years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) Dalby, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Artinus Marshall		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Elmer Royang
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Elmer Royang ADDRESS 2332 Burns
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) Rheumatic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary infarction Phlebotomosis		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs 2 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June, 1948 , to Sept., 1950 ; that I last saw the deceased alive on Aug 21, 1950 , and that death occurred at 12:45 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE J. A. Rawls, M.D. (Degree or title)		23b. ADDRESS Overland, Mo.		23c. DATE SIGNED 9-5-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 7, 1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Al C. Ortmann ADDRESS 9222 Lackland Rd.		
DATE REC'D BY LOCAL REG. 9-5-50		REGISTRAR'S SIGNATURE Herbert Woods, M.D.		

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

4001

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.

Signed Al C Osterman

Signed.....
Student Embalmer

Licensed Embalmer No. 3478

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.