S. No. 300
v. 10.48

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39444

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2828

4000

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Koch.
c. LENGTH OF STAY (in this place) 11 MO
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2129
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 12 919 N. Taylor

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Raymond
c. (Last) Rozelle

4. DATE OF DEATH (Month) 11 (Day) 23 (Year) 1950.

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2
8. DATE OF BIRTH 9-10-83
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months 2 Days 13 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter
10b. KIND OF BUSINESS OR INDUSTRY Hospital
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William H. Rozelle
13b. MOTHER'S MAIDEN NAME Capitola Letts
14. NAME OF HUSBAND OR WIFE Mabel Rozelle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Hospital Record ADDRESS

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) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary sclerosis — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. pulmonary tuberculosis — 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-22-49, 19__, *to* 11-23, 1950 *that I last saw the deceased alive on* 11/22, 1950, *and that death occurred at* 6 30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert B. Stao MD
23b. ADDRESS Koch Hospital, Koch, MO
23c. DATE SIGNED 11-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 25, 1950
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) St. Louis (State) Mo

DATE REC'D BY LOCAL REG. 11/24/50
REGISTRAR'S SIGNATURE Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE Buchholz Koeller 5967 N Florissant Ave ADDRESS

(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 ..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

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.