

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6583  
Registrar's No. 1012

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) LENGTH OF STAY (In this place) \_\_\_\_\_ c. CITY (If outside corporate limits, write RURAL and give township) \_\_\_\_\_  
St. Louis Mo \_\_\_\_\_ St. Louis Mo \_\_\_\_\_

d. FULL NAME OF (If not in hospital or institution, give street address or location) \_\_\_\_\_ d. STREET ADDRESS (If rural, give location) \_\_\_\_\_  
DR. PHILIP G. PHILLIPS HOSPITAL \_\_\_\_\_ 1128 1/2 Hedley \_\_\_\_\_

3. NAME OF DECEASED a. (First) \_\_\_\_\_ b. (Middle) \_\_\_\_\_ c. (Last) \_\_\_\_\_ 4. DATE OF DEATH (Month) (Day) (Year)  
TONY \_\_\_\_\_ ROSA \_\_\_\_\_ 4 27 51 \_\_\_\_\_

5. SEX \_\_\_\_\_ 6. COLOR OR RACE \_\_\_\_\_ 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) \_\_\_\_\_ 8. DATE OF BIRTH \_\_\_\_\_ 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 MRS. Hours Mins.  
Male \_\_\_\_\_ Mexican \_\_\_\_\_ 11 \_\_\_\_\_ UNKNOWN-GM-51 \_\_\_\_\_ 27 \_\_\_\_\_

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) \_\_\_\_\_ 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_  
Push Cart \_\_\_\_\_ UNKNOWN \_\_\_\_\_ 9 \_\_\_\_\_ UNKNOWN \_\_\_\_\_

13a. FATHER'S NAME \_\_\_\_\_ 13b. MOTHER'S MAIDEN NAME \_\_\_\_\_ 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_  
UNKNOWN \_\_\_\_\_ UNKNOWN \_\_\_\_\_ UNKNOWN \_\_\_\_\_

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 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
UNKNOWN \_\_\_\_\_ UNKNOWN \_\_\_\_\_ Minnie Hawthorn \_\_\_\_\_ 1128 1/2 Hedley \_\_\_\_\_

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) \_\_\_\_\_ I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_ MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. \_\_\_\_\_ Internal knowledge. Fracture of ribs suffered when struck by auto driven by David Junior \_\_\_\_\_  
ANTECEDENT CAUSES \_\_\_\_\_ DUE TO (b) \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. \_\_\_\_\_ Major at institution of 12th Beulah \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO   
around 8:33 Pm. Jan. 27. 1951 \_\_\_\_\_

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) \_\_\_\_\_  
Accident \_\_\_\_\_ Street \_\_\_\_\_ St. Louis Mo Mo \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_  
1-27-51 8:33 A \_\_\_\_\_ Struck by auto 88124 \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred at \_\_\_\_\_ 8:33 Pm., from the causes and on the date stated above. \_\_\_\_\_

23a. SIGNATURE (Degree or title) \_\_\_\_\_ 23b. ADDRESS \_\_\_\_\_ 23c. DATE SIGNED \_\_\_\_\_  
Dr. Philip G. Phillips \_\_\_\_\_ 1300 Clark \_\_\_\_\_ 2/11/51 \_\_\_\_\_

24a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 24b. DATE \_\_\_\_\_ 24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_ 24d. LOCATION (City, town, or county) (State) \_\_\_\_\_  
Burial \_\_\_\_\_ 2/2/51 \_\_\_\_\_ Calvary Cemetery \_\_\_\_\_ Levy Mo \_\_\_\_\_

DATE REC'D BY LOCAL REG. \_\_\_\_\_ REGISTRAR'S SIGNATURE \_\_\_\_\_ 25. FUNERAL DIRECTOR'S SIGNATURE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
FEB 1 1951 \_\_\_\_\_ J. B. Lassiter \_\_\_\_\_ McClain & Associates, Charlevoix \_\_\_\_\_

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

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 \_\_\_\_\_

*Students of Mortuary College*

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*James G. Summers*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.