

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35907

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3563

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		4452	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>7751 Carondelet Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NELSON</u> b. (Middle) <u>J.</u> c. (Last) <u>ROLLINS, SR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 20, 1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS/OR INDUSTRY <u>Plumbing Contractor</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Charles Rollins</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Parsons</u>	14. NAME OF HUSBAND OR WIFE <u>Reva Rollins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-36-7404</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nelson J. Rollins, Clayton Mo.</u>	ADDRESS <u>Clayton Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 mo.</u>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>1638</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 10/23, 1951, to 10/31, 1951, that I last saw the deceased alive on 10/30, 1951, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. D. Staelzle M.D.</u>	23b. ADDRESS <u>104 N. Adams, Kirkwood</u>	23c. DATE SIGNED <u>11/1/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/3/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-1-51</u>	REGISTRAR'S SIGNATURE <u>Robert P. Somke, Md</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bonn, Inc.</u>	ADDRESS <u>Kirkwood, Mo.</u>
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Felix Durand

Licensed Embalmer No.

3034

P. O. Address.....

Kirkwood 22 m

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.