

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43291

State File No. _____
Registrar's No. **11329**

FILED JAN 10 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hosp.		f. STREET ADDRESS (If rural, give location) 4462 Oakland	

3. NAME OF DECEASED (Type or Print) Irene Rochelle			4. DATE OF DEATH (Month) (Day) (Year) 12-18-51		
a. (First)	b. (Middle)	c. (Last)	9. AGE (In years last birthday) 69	f. UNDER 1 YEAR Months	g. UNDER 1 YEAR Days
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-28-1882	h. UNDER 1 HR. Hours	i. UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illmo. Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Joseph Penn		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Charles Rochelle	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Rochelle, 4462 Oakland	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of sigmoid colon			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
		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.			

19a. DATE OF OPERATION 30 Jan 52		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of sigmoid colon		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X	

22. I hereby certify that I attended the deceased from **23 Jan., 1950**, to **18 Dec., 1951**, that I last saw the deceased alive on **17 Dec., 1951**, and that death occurred at **11:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) T. G. ...		23b. ADDRESS 1147 Taylor St. Louis 8		23c. DATE SIGNED 19 Dec 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12-19-51		24c. NAME OF CEMETERY OR CREMATORY Commerce, Mo.	

DATE REC'D BY LOCAL REG. DEC 21 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service	
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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 _____

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.