

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11534

State File No. \_\_\_\_\_  
Registrar's No. 691

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 691	
1. PLACE OF DEATH a. COUNTY <u>St. Louis Co</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>St. Louis County</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		4403	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mount St. Rose Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>957 Meadowridge Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRT</u>		b. (Middle) <u>ADOLPHUS</u>		c. (Last) <u>ROLLINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 14 52</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>Sept. 19, 1912</u>		9. AGE (In years last birthday) <u>39</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Law Practice</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Myrt A. Rollins, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cleveland</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Shamleffer Rollins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gertrude Rollins, 957 Meadowridge Drive</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary hemorrhage</u>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>DOVX</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 15, 1952</u> , to <u>March 14, 1952</u> , that I last saw the deceased alive on <u>March 14, 1952</u> , and that death occurred at <u>1:20 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David Wade Kiss MD</u>				23b. ADDRESS <u>4500 Olive St. St. Louis 8 Mo.</u>		23c. DATE SIGNED <u>3/15/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-15-52</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. R. Lupton &amp; Sons - 7233 Delmar Blv'd,</u>			

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

