

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED MAR 23 1953
BIRTH NO. 17209 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 75

923
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST CHARLES</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ROBERTSON</u> <u>4000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST Josephs Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Box 51 - RT 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY</u> b. (Middle) <u>Rolwes</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 18 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>MAR 18 '53</u>
9. AGE (In years last birthday) <u>10</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>ST CHARLES MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Rolwes</u>		13b. MOTHER'S MAIDEN NAME <u>Delphine Hoelcher</u>	
14. NAME OF HUSBAND OR WIFE			
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. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Rolwes Robertson</u>		ADDRESS <u>Mo</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Innate Birth</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Not known</u> 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>776x</u>	
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)		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>Feb 18 1953</u> , to <u>Feb 8 1953</u> , that I last saw the deceased alive on <u>Feb 18 1953</u> , and that death occurred at <u>7:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>St. Phosphis, Mo</u>	
23c. DATE SIGNED <u>Feb 19 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>MAR 19 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT LEBANON</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>March 19 1953</u>		REGISTRAR'S SIGNATURE <u>Francie Hammett</u> 284	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ottomann F. Home</u>		ADDRESS <u>9222 Lockland Overland mo</u>	

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 _____

not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. C. Ostman* _____

Licensed Embalmer No. *3478* _____

P. O. Address *Durham, N.C.* _____

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.