

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. **41069**
1003
Registrar's No. **11380**

FILED DEC 10 1953

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's 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. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2189 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 319 SO. GARRISON				d. STREET ADDRESS (If rural, give location) 18 319 SO. GARRISON			
3. NAME OF DECEASED (Type or Print) a. (First) LAURA			b. (Middle) ROUNDTRIEE			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) NOV. 28, 1953							
5. SEX 3 FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY 4, 1897	
9. AGE (In years last birthday) 56		if UNDER 1 YEAR Months _____		if UNDER 1 YEAR Days _____		if UNDER 1 MRS. Hours _____ 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 (City and State or Foreign Country) MABLE MISS. /	
12. CITIZEN OF WHAT COUNTRY? USA.							
13a. FATHER'S NAME STEWART KRUMBLE			13b. MOTHER'S MAIDEN NAME MATTIE KRUMBLE			14. NAME OF HUSBAND OR WIFE I. W. ROUNDTRIEE	
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 MARY HARRIS 319 So. GARRISON			
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) Cerebral apoplexy recurrent - 8/10						INTERVAL BETWEEN ONSET AND DEATH 1 wk	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute nephritis -						2 mo	
DUE TO (c) Chronic nephritis						4 "	
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 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) _____		592x	
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 6/1 1953 , to 11/28 53 , that I last saw the deceased alive on 10/27 1953 , and that death occurred at 7:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. R. Wentzel M.D.				23b. ADDRESS 2726 Chestnut		23c. DATE SIGNED 11/30	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12-3-53		24c. NAME OF CEMETERY OR CREMATORY Daxdale Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County MO	
DATE REC'D BY LOCAL REG. DEC 1 1953		REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. V. BANNISTER 3880 EASTON			

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

Leroy W. Gannister

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton Ave*

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.