

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4359**
REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **56**

FILED MAR 8 1954

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) 522 E. Capitol Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 522 E. Capitol Ave.			

3. NAME OF DECEASED (Type or Print) Hilda Straub Rommel			4. DATE OF DEATH Feb. 25, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married widowed	8. DATE OF BIRTH May 9, 1877		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 9 Days 16 IF UNDER 24 HRS. Hours 16 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wendell Straub		13b. MOTHER'S MAIDEN NAME Præscilla Ann Bobe		14. NAME OF HUSBAND OR WIFE William M Straub Rommel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Wendell Manchester Jefferson City, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hrs 6 MO 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Collapse		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma of Lung DUE TO (c) Carcinoma of Breast		
II. OTHER SIGNIFICANT CONDITIONS. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **Dec 16, 1953**, to **Feb 25, 1954**, that I last saw the deceased alive on **Feb 25, 1954**, and that death occurred at **8:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Eugene E. Lake D.O.		23b. ADDRESS 616 E. High Jefferson MO		23c. DATE SIGNED Feb 27-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb, 28, 1954		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery Jefferson City, Mo.	
24d. LOCATION (City, town, or county) (State)		24e. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. March 1-54		REGISTRAR'S SIGNATURE R.P. Davis MD		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Victor Busch Jefferson City Mo	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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 *Dell E. Bramson* _____

Licensed Embalmer No. *4764* _____

P. O. Address *Jefferson City, Mo.* _____

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.