

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

21160

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

Registrar's No.

5209

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 0		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		STREET ADDRESS (If rural, give location) 16 3426a Alberta	
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle) M.	
c. (Last) Rockwell		4. DATE OF DEATH (Month) (Day) (Year) June 10, 1954	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 2, 1904	
9. AGE (In years, last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheetmetal worker	
11. BIRTHPLACE (City and State or Foreign Country) Little Rock, Ark. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ----- Rockwell		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Flossie J. Mitchem Rockwell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #2	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Flossie J. Rockwell-3426a Alberta	
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) <i>Cardiac Infarction</i> ANTECEDENT CAUSES <i>Cardiac Aneurysm</i> 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		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)	
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? 4201		22. I hereby certify that I attended the deceased from 9/6, 19, to 6/10, 19, that I last saw the deceased alive on _____, 19, and that death occurred at 1:10A m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Ralph Berg</i> (Degree or title) <i>md</i>		23b. ADDRESS 32038 Gravois	
23c. DATE SIGNED 6/10/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE June 14, 1954		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		DATE REC'D BY LOCAL REG. JUN 11 1954	
REGISTRAR'S SIGNATURE <i>Charles Smith</i>		GENERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wacker - Helderle - 3634 Gravois Ave.</i>	

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.....
Signature of Student Embalmer

Signed *Robert C. Wheeler*.....

Licensed Embalmer No. *21*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.