

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25161**
Registrar's No. **6398**

BIRTH NO. **12732-54** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 township) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place)
c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **1414 Madison Street**
e. STREET ADDRESS (If rural, give location) **26 1414 Madison Street** **22690**

3. NAME OF DECEASED (Type or Print)
a. (First) **Patricia** b. (Middle) **Louise** c. (Last) **Rooney**
4. DATE OF DEATH (Month) (Day) (Year) **July 14-1954**

5. SEX **Female** 6. COLOR OR RACE **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **(Specify)**
8. DATE OF BIRTH **Feb. 17, 1954**
9. AGE (In years last birthday) **4** Months **27** Days
If UNDER 1 YEAR: Hours Min.
If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.,**
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Harry J. Rooney**
13b. MOTHER'S MAIDEN NAME **Helen D. Dyer**
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME **Harry J. Rooney** ADDRESS **1414 Madison St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Infectious Virus**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
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 NO

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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Not under care** to care **at home** and the deceased alive on **7-14-54**, 19**54**, and that death occurred at **6 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. D. Peckin** (Degree or title) **M.D.**
23b. ADDRESS **2505 North Florissant**
23c. DATE SIGNED **7-14-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
24b. DATE **July 16-1954**
24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**
24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.,**

DATE REC'D BY LOCAL REG. **JUL 14 1954**
REGISTRAR'S SIGNATURE **J. Carl Smith**
25. FUNERAL DIRECTOR'S SIGNATURE **Leidner Und. Co.,** ADDRESS **2223 St. Louis Av.**

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 M. Mura*.....

Licensed Embalmer No. *3749*.....

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.