

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39532

State File No. _____

Registrar's No. 2629BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 344

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY OR TOWN <u>Kirkwood</u> | | c. CITY OR TOWN <u>Kirkwood</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>332 Mc Cullough</u> | | e. STREET ADDRESS (If rural, give location) <u>332 Mc Cullough</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>Rosie</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11 10 54</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u> | | 8. DATE OF BIRTH <u>March 21, 1889</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Valley Park, Missouri</u> | | 9. AGE (In years last birthday) <u>65</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Lewis North</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lizzie Thompson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dead</u> | |

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|--|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>494-36-9008</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank North 408 So. Van Buren</u> | |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Unknown natural causes</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>unk</u> |
| | ANTECEDENT CAUSES 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. | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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) <u>7955</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|--|--|--|--|--|
| 23a. SIGNATURE <u>Herbert R. Domke</u> (Degree or title) <u>M.D. Local Registrar</u> | | 23b. ADDRESS <u>651 S. Brentwood Blvd.</u> | | 23c. DATE SIGNED <u>11/18/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11-15-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u> | | | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG <u>11/15/54</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Domke</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. W. Roberts Undertaking Co. 1416 N. Taylor</u> | |
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(Licensed Embalmer's Certificate on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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 *James P. Carter*
Licensed Embalmer No. *456*
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.