

No. 300
 10-48
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

20052

FILED JUL 7 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 1430

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>1430</u>	
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 (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond Heights,</u> township)		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Vinita Terrace,</u>		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 <u>St. Marys Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>8008 Washington Avenue, 14,</u>			
3. NAME OF DECEASED a. (First) <u>JESS</u> (Type or Print)		b. (Middle) <u>W.</u>		c. (Last) <u>SCHROLL, III</u>		4. DATE OF DEATH <u>June 22nd, 1955</u> (Month) (Day) (Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>March 21st, 1936</u>	
9. AGE (In years last birthday) <u>19</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jess Schroll</u>		13b. MOTHER'S MAIDEN NAME <u>Adlin Rottmann</u>	
13a. FATHER'S NAME <u>Jess Schroll</u>		13b. MOTHER'S MAIDEN NAME <u>Adlin Rottmann</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Jess Schroll, 8008 Washington Ave., 14</u>		ADDRESS <u>8008 Washington Ave., 14</u>	
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) <u>Leukemia, lymphocytic acute Nov-54</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.				INTERVAL BETWEEN ONSET AND DEATH <u>Nov-54</u>	
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>204.0</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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 <u>Nov 12, 1954</u> , to <u>June 22, 1955</u> , that I last saw the deceased alive on <u>June 21, 1955</u> , and that death occurred at <u>5:10A</u> m., from the causes and on the date stated above.							
23. SIGNATURE <u>Thomas W. Parker, M.D.</u> (Degree or title)				23b. ADDRESS <u>4662 Maryland</u>		23c. DATE SIGNED <u>6/22/55</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/24/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6/23/55</u>		REGISTRAR'S SIGNATURE <u>Herbert H. Donke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WALVIN F. BEUTY</u>		ADDRESS <u>4528 Natural Bridge Blvd., St. Louis, 15, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

File in County.

Before 12:30 Med. Sure

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..... *Ralph E. Lindgren*

Licensed Embalmer No... 422

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.