

28101

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 8 1955

Registrar's No. **7312**BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 24 days	c. CITY OR TOWN Millstadt		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital			e. STREET ADDRESS (If rural, give location) R. R. #2		
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Roos			4. DATE OF DEATH (Month) (Day) (Year) Aug. 19, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 6, 1910	9. AGE (In years last birthday) 45	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Centerville Station	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Touchette		13b. MOTHER'S MAIDEN NAME Victoria Nurdin		14. NAME OF HUSBAND/OR WIFE Mr. Clarence Roos	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Clarence Roos			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH 10-12 hrs			
19a. DATE OF OPERATION 8/2/55	19b. MAJOR FINDINGS OF OPERATION Brain Tumor - malignant				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) 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 7/25, 1955 , to 8/18, 1955 , that I last saw the deceased alive on 8/19, 1955 and that death occurred at 8 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE E. A. Smolik		23b. ADDRESS Beaumont Mill Bldg		23c. DATE SIGNED 8/19/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 22, 1955	24c. NAME OF CEMETERY OR CREMATORY St. James		24d. LOCATION (City, town, or county) (State) Millstadt, Illinois	
DATE REC'D BY LOCAL REG. AUG 22 1955	REGISTRAR'S SIGNATURE E. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. Metzger		
ADDRESS Millstadt, Ill					

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

(Licensed Embalmer's Statement on Reverse Side)

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.....

John H. Maher

Licensed Embalmer No. 29-8

P. O. Address 648 N. 61st
E. ST. LOUIS, ILL.

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.