

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40163

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY GASCONADE

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).  
a. STATE Mo b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give town) HERMANN  
c. LENGTH OF STAY (In this place) 1 hour

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 E. 2nd + GELLERT STS

e. STREET ADDRESS (If rural, give location) 3315 Humphrey

3. NAME OF DECEASED (Type or Print)  
a. (First) MARY b. (Middle) BERTHA c. (Last) ROYSTER

4. DATE OF DEATH (Month) (Day) (Year) DEC 29-1955

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH JAN-29-1887

9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months  Days  IF UNDER 24 HRS. Hours  Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY Household

11. BIRTHPLACE (City and State or Foreign Country) Perryville Mo

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE John Royster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NUMBER 492-77-7827

17. INFORMANT'S SIGNATURE OR NAME Thema Mennemeyer ADDRESS 3315 Humphrey ST. LOUIS MO

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Fracture of cervical spine with probable spinal cord severance  
ANTECEDENT CAUSES (b) 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.) 8354

INTERVAL BETWEEN ONSET AND DEATH 2-3 min.

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION 32

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) HERMANN (COUNTY) Gasconade (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Dec 29 1955 5:45 p.m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Car backed over high retaining wall, throwing her into back seat.

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 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John B. Ryan M.D.

23b. ADDRESS Hermann, Mo

23c. DATE SIGNED 12-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Remove

24b. DATE 12-29-55

24c. NAME OF CEMETERY OR CREMATORY St Louis Mo

24d. LOCATION (City, town, or county) (State) \_\_\_\_\_

DATE REC'D BY LOCAL REG 12-29-55

REGISTRAR'S SIGNATURE Delma Berken

25. FUNERAL DIRECTOR'S SIGNATURE Hege ADDRESS HERMANN MO

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

JAN 8 1956  
@961 S I NVR

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.....  
*August DeLuca*

Licensed Embalmer No. 316

P. O. Address *Herrmann*

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.