

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29051

State File No. \_\_\_\_\_

FILED SEP 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7549

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</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>Homer G. Phillips Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>21 3027 Franklin</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Booker T.</u> b. (Middle) _____ c. (Last) <u>Roston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 10 56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 11, 1902</u>
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 HRS. Days <u>29</u> Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Caruthersville, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Albert Roston</u>	
13b. MOTHER'S MAIDEN NAME <u>Bettie Fitzgerald</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Roston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>334-09-5697</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pauline Clifford 3029 Franklin Ave.</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, arteria, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>  ANTECEDENT CAUSES DUE TO (b) _____ <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>8-6</u> <u>1956</u> , to <u>8-10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-10</u> , 19 <u>56</u> , and that death occurred at <u>2:30pm</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Hugh Waters</u>		23b. ADDRESS <u>M.D. 2601 N. Whittier St. 8-11-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug. 16, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 14 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. RANDLE &amp; SON</u>		ADDRESS <u>3133 Bell Ave.</u>	

S. P. (Licensed Embalmer's Statement on Reverse Side)

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

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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 *Esther K. Harris*.....

Licensed Embalmer No. *445*.....

P. O. Address *4181 Wacker*.....

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.