

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH11220
STATE FILE NUMBER
2794
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 414 N. Union			Length of stay in 1b	d. STREET (If outside, give location) ADDRESS 414 N. Union	
3. NAME OF DECEASED (Type or print) First ROLAND Middle GREENE Last USHER			4. DATE OF DEATH Month March Day 21, Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 3-1880	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 10 Days 18 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor of History		10b. KIND OF BUSINESS OR INDUSTRY Washington U.	11. BIRTHPLACE (City and state or country) Lynn, Mass.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME EDWARD PRESTON USHER			14. MOTHER'S MAIDEN NAME Adela Louise PAYSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NONE		16. SOCIAL SECURITY NO. 490-209198	17. INFORMANT Address Mrs. Florence R. Usher 414 N. Union		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured saccular aneurysm of left iliac artery. DUE TO (b) <i>Septicemia</i> CONDITIONS, if any, which gave rise to above cause (a), affecting the underlying cause (a) <i>Septicemia 3/22/57</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 4 Hours
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			452X		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		STATE
21. I attended the deceased from <u>on March 21, 1957</u> and last saw <u>him</u> alive on <u>March 21</u> . Death occurred at <u>3:00</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Jerome E. Cook M.D.</i> (Doctor or title)			22b. ADDRESS 4409 W. Pine		22c. DATE SIGNED 3/22/57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-25-1957	23c. NAME OF CEMETERY OR CREMATORY BELLEFONTAIN CEM.	23d. LOCATION (City, town, or county) ST. LOUIS MISSOURI (State)		
24. FUNERAL DIRECTOR C. R. LUPTON & SONS 7233 DELMAR		25. DATE RECD. BY LOCAL REG. MAR 22 '57	26. REGISTRAR'S SIGNATURE <i>Earl Smith MD</i>		

(Licensed Embolmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MOKS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S-300
V-1-56

C 3A

MFB

4409 West Pine
Jefferson 1-8593
Hours 10:00 To 12:00 Friday

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 *Clarence H. Mirro*

Licensed Embalmer No. *4011*

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.