

XC 207 138

SL 13051

FILED APR 26 1957

STANDARD CERTIFICATE OF DEATH

318

Primary Registration District No. 1003

152028
STATE FILE NUMBER
3676

Registration District No. 318 Registrar's No. 3676

Health, & Welfare Public Service

300
1-56

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI ILLINOIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N Grand St. Louis 6, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR EAST 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 35 V. A. HOSPITAL			Length of stay in lb 27 Days	d. STREET ADDRESS 324 304 St. Louis Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LOUIS Middle Last RODDY			4. DATE OF DEATH Month Day Year 4/9/57				
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2/11/95	9. AGE (In years last birthday) 62 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Augusta, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Leroy Roddy			14. MOTHER'S MAIDEN NAME Emma Conner				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO. 332-12-0542	17. INFORMANT Address VA HOSPITAL RECORDS ST. LOUIS, MO.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute tracheal bronchitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) Diabetes Mellitus						INTERVAL BETWEEN ONSET AND DEATH Unk. Unk. Unk.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 5021	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE			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		COUNTY STATE	
21. I attended the deceased from 3/13/57 to 4/9/57 and last saw him alive on 4/9/57 Death occurred at 10:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. D. Ashworth			22b. ADDRESS M.D. VAH, ST. LOUIS 6 MISSOURI		22c. DATE SIGNED 4/9/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-15-57	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
24. FUNERAL DIRECTOR W. D. Ashworth & Son, 1117 N. 13th St. St. Louis, Mo.			25. DATE RECD. BY LOCAL REG. APR 17 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith Mo		

EMERALD EMBALMERS

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
DIVISION OF ANATOMY
CHICAGO, ILLINOIS
OFFICE OF THE STATE EMBALMER
CHICAGO, ILLINOIS

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 *Dr. Frances Nash*
Licensed Embalmer No. *443*

P. O. Address *1117 E. 13th*

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.

Handwritten notes and signatures at the bottom of the page.