

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26915**
 Registrar's No. **1596**

FILED JUL 17 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN RICHMOND HEIGHTS	c. LENGTH OF STAY (In this place) 1 DAY	c. CITY OR TOWN OVERLAND	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 ST. MARYS HOSPITAL		e. STREET ADDRESS (If rural, give location) 9122 ARGYLE AVE	

3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) EDWARD c. (Last) ROLLEY	4. DATE OF DEATH (Month) (Day) (Year) JUNE 20, 1957
5. SEX MALE 6. COLOR OR RACE WHITE	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH DEC. 6, 1892	9. AGE (In years last birthday) 64 If UNDER 1 YEAR Months Days If UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) PAINTER	10b. KIND OF BUSINESS OR INDUSTRY NELSON MFG. CO.
11. BIRTHPLACE (City and State or Foreign Country) KARTHANS PENNA	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRANK T. ROLLEY	13b. MOTHER'S MAIDEN NAME SOPHIA ZIMMER	14. NAME OF HUSBAND OR WIFE MARGARET M. ROLLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 498-10-2887	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARGARET M. ROLLEY 9122 ARGYLE AVE

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) ruptured aortic aneurysm		INTERVAL BETWEEN ONSET AND DEATH 1 day yes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 20, 1957**, to **June 21, 1957**, that I last saw the deceased alive on **ES 11:57 P, 19**, and that death occurred at **8** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William G. Campbell M.D.	23b. ADDRESS 4161 Judell	23c. DATE SIGNED 6/21/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-24-57	24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL CEMETERY
DATE REC'D BY LOCAL REG. 6-24-57 REGISTRAR'S SIGNATURE Herbert B. Lombard		24d. LOCATION (City, town, or county) (State) PAGE DALE, MO.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilmington Bros, Inc., 204-WOODSON RD. OVERLAND, MO.		

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

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 *David C. Gibson*.....

Licensed Embalmer No. *345*.....

P. O. Address *Overland*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.