

5. No. 300
v. 10.48

FILED NOV 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38248**
Registrar's No. **10219**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. 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, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (In this place) _____

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: **5242 Vernon**

e. STREET ADDRESS (If rural, give location) **5242 Vernon**

3. NAME OF DECEASED
a. (First) **Rosie** b. (Middle) _____ c. (Last) **Torry**

4. DATE OF DEATH (Month) (Day) (Year) **October 27, 1957**

5. SEX **Female**

6. COLOR OR RACE **Negro**

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

8. DATE OF BIRTH **Feb. 9, 1896**

9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Unemployed**

10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (City and State or Foreign Country) **Mississippi**

12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Otis James**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Deceased**

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. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Louis Hines 5242 Vernon**

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Accident**
Cardio-Respiratory Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **442x**

INTERVAL BETWEEN ONSET AND DEATH
2 days

19a. DATE OF OPERATION **none**

19b. MAJOR FINDINGS OF OPERATION **none**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **no**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **none**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **none**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **none**

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

21f. HOW DID INJURY OCCUR **none**

22. I hereby certify that I attended the deceased from **10-26, 1957**, to **10-27, 1957**, that I last saw the deceased alive on **10-27, 1957**, and that death occurred at **2:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Kayle S. Alexander**

23b. ADDRESS **826 N. Champlin St. St. Louis**

23c. DATE SIGNED **10-28-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **10/27/57**

24c. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery**

24d. LOCATION (City, town, or county) (State) **Hemay, Missouri**

DATE REC'D BY LOCAL REG. **OCT 30 57**

REGISTRAR'S SIGNATURE **Paul Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **E. B. Roemer 1221 N1 Grand Blvd.**

I, Kayle S. Alexander, certify that I attended the deceased from 10-26-57 and signed the date of death. 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 *Clarence Croome*.....

Licensed Embalmer No. *4755*

P. O. Address *1221 N. Grand*

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.