

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007741
State File No. 2103

FILED MAR 5 - 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2103**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1129 ARMSTRONG		d. STREET ADDRESS (If rural, give location) 2201129 ARMSTRONG	

3. NAME OF DECEASED (Type or Print) a. (First) BEATRICE	b. (Middle)	c. (Last) ROUNDTREE	4. DATE OF DEATH (Month) (Day) (Year) 2 19 58
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5. SEX FEMALE	6. COLOR OR RACE NEGR	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-23-1915	9. AGE (In years last birthday) 42	10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) HOUSE WIFE	11. BIRTHPLACE (State or foreign country) DWARREN, MISS.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ED BELL	13b. MOTHER'S MAIDEN NAME MARY WILLIAMS	14. NAME OF HUSBAND OR WIFE JOHNIE ROUNDTREE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Johnnie Roundtree	ADDRESS 1129 Armstrong
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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) Cancer of the breast		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	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. 170x			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 **2-15**, 19**58**, to **2-19**, 19**58**, that I last saw the deceased alive on **2-19**, 19**58**, and that death occurred at **6:20 P.** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS 3000 E Easton	23c. DATE SIGNED 2-21-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-26-58	24c. NAME OF CEMETERY OR CREMATORY OAKDALE CEMETARY	24d. LOCATION (City, town, or county) (State) LEMAY COUNTY, MO
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DATE REC'D BY LOCAL REG. FEB 21 58	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE McCLAIN	ADDRESS #251 WASHINGTON
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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
Student Embalmer

Signed _____

Leroy W. Jannister

Licensed Embalmer No. _____

4523

P. O. Address _____

425 Washington

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 this body is not embalmed, fact should be so stated above.