

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 36597-5858-016956
State File No.

FILED MAY 12 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1240

4001

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. CITY OR TOWN <u>Normandy</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>57 mos</u>		e. STREET ADDRESS (If rural, give location) <u>7840 Natural Bridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dwight</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Roam</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 - 5 - 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>5 - 5 - 1958</u>
9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Normandy, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Charles Roam</u>	13b. MOTHER'S MAIDEN NAME <u>McKean, Reba</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHARLES ROAM 3219 CALVERT AVE.</u>	
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Compression of cord</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Unusual long cord peduncle</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Unusual long cord footling</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Presentation</u>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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) <u>761.0</u>	
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?	
22. I hereby certify that I attended the deceased from <u>5/5</u> , 19 <u>58</u> , to <u>5/5</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5/5</u> , 19 <u>58</u> , and that death occurred at <u>5:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. C. W. Toleno D.O.</u> (Degree or title)		23b. ADDRESS <u>7320 Housman Rd</u>	
23c. DATE SIGNED <u>5/5/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 6, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. LEBANON</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
DATE REC'D BY LOCAL REG. <u>5-6-58</u>	REGISTRAR'S SIGNATURE <u>Herbert A. Dombke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>COLLIER MORTUARY, ST. ANN, MO.</u>	

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

W E Embalming

Signed *Sheldon Collier*

Licensed Embalmer No. *398*

P. O. Address *St. Ann*

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.