

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020367

State File No.

No. 300
10-48

FILED JUN 9 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1503

1. PLACE OF DEATH a. COUNTY <u>DOA Co. Hosp. 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 town) <u>Clayton 5,</u>		c. CITY OR TOWN <u>Kirkwood 22,</u>	
c. LENGTH OF STAY (in this place) <u>DOA</u>		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 <u>St. Louis County Hosp.</u>		STREET ADDRESS (If rural, give location) <u>562 Andrews</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVE</u> b. (Middle) <u>V.</u> c. (Last) <u>ROONEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid. 2</u>	8. DATE OF BIRTH <u>Aug. 5, 1894</u>
9. AGE (In years last birthday) <u>63</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State) Foreign Country _____ <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Mitchell</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Hobbins</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph S. Rooney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Margaret Clifton-Kirkwood, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration of gastric contents,</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		- with suffocation	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		E921.0	
Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION _____	
19a. DATE OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. MAJOR FINDINGS OF OPERATION <u>18</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kirkwood 125 St. Louis Mo.</u>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>6/2/58 5:45 p.m.</u>		21f. HOW DID INJURY OCCUR? <u>Choked on food while eating</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Raymond H. Hancock Coroner</u>		23b. ADDRESS <u>Clayton, Mo.</u>	
23c. DATE SIGNED <u>6/6/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6-6-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pfifzinger Mort. Kirkwood 22, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-5-58</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>	

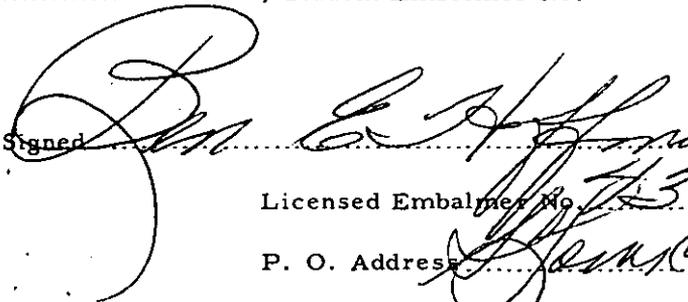
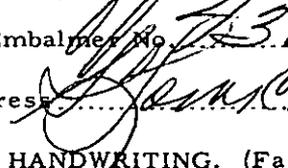
(Licensed Embalmer's Statement on Reverse Side)

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 
Licensed Embalmer No. 73
P. O. Address 

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.