

FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027396
STATE FILE NUMBER 7230

52166-57 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

5. 300
1-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST. LOUIS, MO.</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSP. #1.</i>		Length of stay in 1b <i>219</i>	d. STREET ADDRESS <i>2251 (Outside Registration District No. 1003) ST. LOUIS CITY HOSP. #1.</i>
3. NAME OF DECEASED (Type or print) First <i>BABY GIRL</i> Middle Last <i>ROSHELL</i>		4. DATE OF DEATH Month <i>JULY</i> Day <i>11</i> Year <i>1958</i>	
5. SEX <i>FEMALE 3</i>	6. COLOR OR RACE <i>NEGRO</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7/5/58</i>
9. AGE (In years last birthday)		F UNDER 1 YEAR IF UNDER 24 HRS. Months <i>6</i> Days <i>22</i> Hours <i>22</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and state or country) <i>ST. LOUIS, MO. 0</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>CLARENCE Roshell</i>	
13b. MOTHER'S MAIDEN NAME <i>GLADYS MONK</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NONE</i>		16. SOCIAL SECURITY NO. <i>NO</i>	17. INFORMANT Address <i>1515 LAFAYETTE AVE Hospital Record</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Neonatal death</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>immaturity</i> DUE TO (c) <i>773.5</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>7/5/58</i> to <i>7/11/58</i> and last saw her alive on <i>7/11/58</i> Death occurred at <i>4:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Leo V. Mulligan M.D.</i> (Degree or title)		22b. ADDRESS <i>1515 LAFAYETTE AVE.</i>	
22c. DATE SIGNED <i>7/11/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>7-31-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	
23b. DATE		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
24. FUNERAL DIRECTOR <i>Rowland - Allen 4104 Manchester</i>		25. DATE RECD. BY LOCAL REG. <i>JUL 23 '58</i>	
26. REGISTRAR'S SIGNATURE <i>Earl Smith Mo</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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.....

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.