

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034642

STATE FILE NUMBER

74289-57  
FILED OCT 10 1958

318

1003

Registrar's No. 9541

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cardinal Glennon</b>		d. STREET ADDRESS <b>5862 Wabada</b>	
Length of stay in lb <b>4 days</b>		(If outside, give location) <b>3069</b>	
3. NAME OF DECEASED (Type or print) First <b>Daryl</b> Middle <b>Wayne</b> Last <b>Rosenburg</b>		4. DATE OF DEATH Month <b>October</b> Day <b>3</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 28, 1958</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Earl Rosenberg</b>		14. MOTHER'S MAIDEN NAME <b>Wilma Johnson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Earl Rosenberg</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PNEUMONIA, bilateral</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ATELECTASIS, NEONATAL</b>			<b>5 days</b>
DUE TO (c) <b>ESOPHAGEAL ATRESIA AND TRACHEO-ESOPHAGEAL FISTULA</b>			<b>5 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>SURGICAL REPAIR 9-29-58; Chest Drainage 10-3-58</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <b>756.2</b>		
20c. TIME OF INJURY Hour <b>7:56</b> Month <b>2</b> Day <b>2</b> Year <b>58</b> a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <b>St. Louis</b> COUNTY <b>St. Louis</b> STATE <b>Mo.</b>
21. I attended the deceased from <b>9-29-58</b> to <b>10-3-58</b> and last saw <sup>her</sup> alive on <b>10-3-58</b> . Death occurred at <b>8:40 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. Eugene Lewis Jr. M.D.</b>		22b. ADDRESS <b>634 N. GRAND (3)</b>	
22c. DATE SIGNED <b>10-4-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Oct. 4, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Davis</b>	23d. LOCATION (City, town, or county) (State) <b>Maries County, Mo.</b>
24. FUNERAL DIRECTOR <b>Null &amp; Sons Funeral Home</b> By <b>Paul E. Null</b> Rolla, Mo.		25. DATE RECD. BY LOCAL REG. <b>OCT 6 '58</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b> <b>M. A. B.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Paul E. Hull*

Licensed Embalmer No. *44*

P. O. Address *Rolla,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.