

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011339

STATE FILE NUMBER

2 2326

FILED MAR 30 1959

Registration District No.

Primary Registration District No.

Registrar No.

300

-57

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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HILLSDALE 4301 ST. LOUIS COUNTY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. BAPTIST HOSP.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2700 KIENLIN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last VERNON ROYSTER			4. DATE OF DEATH Month Day Year MARCH 5, 1959		
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 5, 1891	9. AGE (In years last birthday) 67 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) PHARMAST		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CAIRO KY.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME NICK ROYSTER		13b. MOTHER'S MAIDEN NAME SUE LONG		14. NAME OF HUSBAND OR WIFE NELL ROYSTER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address NELL ROYSTER 2700 KIENLIN AVE		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of colon					INTERVAL BETWEEN ONSET AND DEATH 8 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		153.8	
		DUE TO (c)			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 26 July 1958, to 5 Mar. 59 and last saw him alive on 5 Mar 59 Death occurred at 11:40 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) T. H. Strake, M.D.			22b. ADDRESS 114 N. Taylor St. Louis 8		22c. DATE SIGNED 5 Mar 59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL TRAIN		23b. DATE 3/6/59	23c. NAME OF CEMETERY OR CREMATORY STURGIS CEMETERY		23d. LOCATION (City, town, or county) (State) STURGIS KY
24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE			25. DATE RECD. BY LOCAL REG. MAR 6 '59		26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *M W Ruster* .....

Licensed Embalmer No. *4865* .....  
P. O. Address *St Louis Mo* .....

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.