

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 4 1959

59-027129

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 6869** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO			Length of stay in 1b		c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DE PAUL HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6432 NASHVILLE
3. NAME OF DECEASED (Type or print) JOHN E. ROONEY			4. DATE OF DEATH Month Day Year 7-23-1959		
5. SEX MALE	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 21 1898	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERGEANT		10b. KIND OF BUSINESS OR INDUSTRY MET. POLICE DEPT		11. BIRTHPLACE (City and state or country) MO	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME EDWARD ROONEY		13b. MOTHER'S MAIDEN NAME CATHERINE BUSSEY	
14. NAME OF HUSBAND OR WIFE SARAH ROONEY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES YEAR I		16. SOCIAL SECURITY NO. —	
17. INFORMANT BOB ROONEY		Address 8821 ANCHORAGE LANE		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) _____ DUE TO (c) 420.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)		
20c. TIME OF INJURY Hour Month, Day, Year 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 COUNTY STATE
21. I attended the deceased from NOV. 1957 to JULY 23, 1959 and last saw him alive on JULY 23, 1959 Death occurred at 4:56 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John J. Riley M.D.		22b. ADDRESS Mo Theatre Bldg		22c. DATE SIGNED July 23, 1959	
23a. REMOVAL (Specify) REMOVAL		23b. DATE JULY 25 1959		23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	
23d. LOCATION (City, town, or county) ST. LOUIS MO		25. DATE RECD. BY LOCAL REG. JUL 24 '59		26. REGISTRAR'S SIGNATURE Keal Smith, M.D.	
24. GENERAL DIRECTOR Thomas Kute 2906 Grand		Address		27. mo B	

BY AFFIDAVIT OF Funeral Director MEDICAL CERTIFICATION DOCUMENT

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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grand

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.