

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027554

EIVED VS JUL 22 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1892 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>1</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND HEIGHTS</u>		Length of stay in 1b <u>5 hrs</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2644 A OREGON AVE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>(None)</u> Last <u>COOK</u>				4. DATE OF DEATH Month <u>July</u> Day <u>14</u> Year <u>'59</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>14 July 59</u>	9. AGE (last birthday) <u>—</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	IF UNDER 24 HR Hours <u>5</u> Min <u>35</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>RICHMOND HTS. Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>—</u>	
13a. FATHER'S NAME <u>Roy Cook</u>			13b. MOTHER'S MAIDEN NAME <u>CAROLYN LIGHT FOOT</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</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>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Roy Cook</u> Address <u>2644 A OREGON</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atelectasis</u> DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>—</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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) <u>Mother was Hemorrhaging due to Placenta Praevia.</u>						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.) <u>—</u>				
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u>		Month, Day, Year <u>—</u>						
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.) <u>—</u>		20f. CITY, TOWN, OR LOCATION <u>—</u>		COUNTY <u>—</u>		STATE <u>—</u>
21. I attended the deceased from <u>4:30 AM - 14 July 59</u> to <u>10:30 AM 14 July</u> and last saw <u>her</u> alive on <u>14 July 59</u> Death occurred at <u>10:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>H. A. Rutter M.D.</u> (Degree or title)				22b. ADDRESS <u>16 Hampton Village St. Louis, 9 MO</u>			22c. DATE SIGNED <u>15 July 59</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7/15/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEWS CEMETERY</u>		23d. LOCATION (City, town, or county) <u>ST. LOUIS, MO</u>				
24. FUNERAL DIRECTOR <u>MOYDELL FUNERAL HOME</u> ADDRESS <u>1926 ALLEN</u>			25. DATE RECD. BY LOCAL REG. <u>7-15-59</u>		26. REGISTRAR'S SIGNATURE <u>John P. Murphy, M.D.</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maybell Funeral H
George J. Droboda

Licensed Embalmer No. _____

P. O. Address _____

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