

URIAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038189

FILED VS. NOV 12 1959

210037

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS	Length of stay in 1b	c. CITY OR TOWN ST. LOUIS	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2944² MADISON	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2944² MADISON	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ROSALYN Middle VERNA Last WALLS			4. DATE OF DEATH Month 10 - Day 30 - Year 1959				
5. SEX FEMALE	6. COLOR OR RACE colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-7-1959	9. AGE (last birthday) -	IF UNDER 1 YEAR Months 2 Day 23	IF UNDER 24 HR Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME ROBERT Lee WALLS		13b. MOTHER'S MAIDEN NAME BARBARA JEAN HILL		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)			16. SOCIAL SECURITY NO. -	17. INFORMANT ROBERT Lee WALLS 2944 MADISON 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) Suffocation		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) 924.0 18	

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		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) When found in bed at				
20c. TIME OF INJURY Hour 3 a.m. 10 30 59 Month, Day, Year Home on Oct 30, 1959	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.) 201 - Home	20f. CITY, TOWN, OR LOCATION St Louis Mo	COUNTY	STATE	

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **749 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Simon (Degree or title) Deputy Coroner		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 10/31/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-3-59	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD Cem.	23d. LOCATION (City, town, or county) ST. LOUIS city, MO		
24. FUNERAL DIRECTOR A.F. WALTON-2707 Stoddard St.		ADDRESS	25. DATE RECD. BY LOCAL REG. NOV 2 1959	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

3.P.

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *H. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 1123 N. J.

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.