

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 2 weeks	c. CITY OR TOWN St. Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5443 Genevieve Avenue

3. NAME OF DECEASED (Type or print) First **(R. Roland** Middle **T. Theodore** Last **Roland** M. DATE OF DEATH Month **September** Day **9** Year **1960**

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 10-17-1911	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Cashier	10b. KIND OF BUSINESS OR INDUSTRY General American Insurance Co.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME **Remus Ted Roland** 13b. MOTHER'S MAIDEN NAME **May Smith** 14. NAME OF HUSBAND OR WIFE **Mayble L. Roland**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, **Yes** or unknown) (If yes, give war or dates of service) **2nd World War** 16. SOCIAL SECURITY NO. **497-01-0399** 17. INFORMANT Address **Mrs. Mayble L. Roland, 5443 Genevieve**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Myocardial Infarction** INTERVAL BETWEEN ONSET AND DEATH **14 days**
 DUE TO (b) **arterio sclerotic coronary disease** **4 hrs**
 DUE TO (c) **Ventricular Rupture** **2 hrs**
 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) **420.1** PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **1951** to **1960** and last saw her/him alive on **9-7-60**
 Death occurred at **3:20 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **W. Fred S. P. [Signature]** (Degree or title) 22b. ADDRESS **1149 W. [Signature]** 22c. DATE SIGNED **9-9-60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Sept 12, 1960** 23c. NAME OF CEMETERY OR CREMATORY **Friedens Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

24. FUNERAL DIRECTOR ADDRESS **Math Hermann & Son, Inc., 2161 E. Fair Av** 25. DATE RECD. BY LOCAL REG. **SEP 10 1960** 26. REGISTRAR'S SIGNATURE **Carl Smith, M.D.**

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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Ford & B. B. Burns

Licensed Embalmer No. 420

P. O. Address St. Louis

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