MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11702

60-044125
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5214 Thrush Ave.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5214 Thrush Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ALBERT Middle: M. Last: ROCK

4. DATE OF DEATH: Month: Dec. Day: 5 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7/4/1896

9. AGE (last birthday): 64

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Austria

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Rock

13b. MOTHER'S MAIDEN NAME: Rose (unknown)

14. NAME OF HUSBAND OR WIFE: Ella Rock

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.: 334-07-8455

17. INFORMANT: Ella Rock 5214 Thrush Ave.
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Lobar Pneumonia, right lower lobe;
Adhesive Pericarditis.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 416x

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)

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 a.m. p.m. 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 _____ to _____ and last saw her/him alive on _____
Death occurred at 7:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul Johnson (Degree or title) Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 12/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12/9/1960

23c. NAME OF CEMETERY OR CREMATORY: New Picker Cemetery

23d. LOCATION (City, town, or county): St. Louis (State): Mo.

24. FUNERAL DIRECTOR: JOHN STYGAR & SON ADDRESS: 5541 RIVERVIEW BLVD.

TMJ

25. DATE RECD. BY LOCAL REG.: DEC 6 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DOCUMENT

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_____ Signed J. W. Ristu

Signature of Student Embalmer

Licensed Embalmer No. 3980

P. O. Address St Louis

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