

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

REGISTRATION DISTRICT NO. **318**

Primary Registration District No. **1003**

ST. LOUIS 6350

Registrar's No. **1031**

-62-004437

STATE FILE NUMBER

AMENDED

FILED FEB 2 1962

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, MO.	Length of stay in 1b 5 DAYS	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 VAH, ST. LOUIS, MO.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2929 BELL	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LLOYD Middle E Last ROSE	4. DATE OF DEATH Month 1 Day 19 Year 62
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/4/14	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTCHER	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state and country) GARDIN, KY.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME EARL ROSE	13b. MOTHER'S MAIDEN NAME LAURA GIBSON	14. NAME OF HUSBAND OR WIFE GEORGIA ROSE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II	16. SOCIAL SECURITY NO.	17. INFORMANT GEORGIA ROSE (WIDOW) Address SEE # 2
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18. CAUSE OF DEATH (Enter only one cause per line following PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 491x DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) POST OPERATIVE RIGHT UPPER AND LOWER LOBECTOMY AND LARYNGEAL STENOSIS.	PART III. If deceased was female was there a pregnancy in last 90 days. Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 6:35 p.m. Month, Day, Year 1/14/62
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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 VAH, ST. LOUIS, MO. COUNTY STATE
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21. I attended the deceased from **1/14/62** to **1/19/62** and last saw him alive on **1/19/62**
Death occurred at **6:35 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) ALOYSIUS J. PROSKET, M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 1/20/62
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23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-26-62	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	23d. LOCATION (City, town, or county) (State) JEFFERSON BARBERS, MO.
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24. FUNERAL DIRECTOR Peoples Und. B. 3100 FRANKLIN ADDRESS	25. DATE RECD. BY LOCAL REG. JAN 23 1962	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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DATE AMENDED
 1 1962
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Chaulson

Licensed Embalmer No. 3489

P. O. Address 4500 Assembly, San

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.