MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1003 Primary Registration District No. _____ Registrar's No. 9348 STATE FILE NUMBER -62-036649

FILED OCT 18 1962
FILED OCT 3 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	
2	2109
3	2
4	0
5	1
6	
7	0
8	2
9	
10	
11	
12	90-0
13	

90

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in lb

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4205 East Ashland Ave. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4205 East Ashland — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle A. Last Roland

4. DATE OF DEATH Month Day Year September 28, 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9/19/1003

9. AGE (last birthday) 59 — 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) Shoe Worker

10b. KIND OF BUSINESS OR INDUSTRY Shoe Business

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME John J. Roland

13b. MOTHER'S MAIDEN NAME Ellie ?

14. NAME OF HUSBAND OR WIFE Estelle Roland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Estelle Roland Address 4205 East Ashland

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) Bronchogenic Carcinoma Rt lung with cerebral metastasis — INTERVAL BETWEEN ONSET AND DEATH 9 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1621
DUE TO (c)
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 July 31.62 to September 28.62 and last saw her/him alive on Sept. 28.62
Death occurred at 2:10am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) N. J. Grybowski MD

22b. ADDRESS 1126 St Louis Ave

22c. DATE SIGNED 9.28.62

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

23b. DATE 10/1/1962

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

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

24. FUNERAL DIRECTOR Morrell Mortuary ADDRESS 3710 North Grand

25. DATE RECD. BY LOCAL REG. SEP 28 1962

26. REGISTRAR'S SIGNATURE Hoard Smith, M.D

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 Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address St. Louis, Mo.

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 à STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.