

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Roosevelt Hotel **2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community Birth
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis **12**
(If outside city or town limits, write "RURAL")
 (d) Street No. Roosevelt Hotel
(If rural, give location)
 (e) ~~If foreign born, how long in U.S.A. _____ years~~

3. (a) PRINT FULL NAME Lester Rounds

3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month October day 13th
 year 1940 hour 3:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Arterio Sclerosis

Due to _____

Due to _____

Other conditions AMH
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (Means of injury)

23. Signature Alfred Perry (M. D. or other) _____
 Address Secretary, Council Date signed 10/16/40

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife UNK 6. (c) Age of husband or wife if Divorced alive 50 years

7. Birth date of deceased August 18, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>1</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace Waterville Washington **1**
(City, town, or county) (State or foreign country)

10. Usual occupation Photographer **4**

11. Industry or business **9**

12. Name Frank Rounds

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss M M Greenwood
 (b) Address 4545 Laclede Ave

17. (a) Cremation (b) Date thereof 10/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Math Hermann & Son
 (b) Address 2161 East Fair Ave

19. (a) OCT 18 1940 (b) J. B. Brudersack
(Duly Licensed Embalmer) (Signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *William G. Buck*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis 9*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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