

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15336

Registrar's No. 965

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4469

|  |                               |   |                                     |
|--|-------------------------------|---|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |                                     |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Overland</b>                       |                               | c. CITY (If outside corporate limits, write RURAL and give township) <b>Overland</b><br>OR TOWN <b>4261</b>                                   |                                     |
| c. LENGTH OF STAY (In this place) <b>3 YRS.</b>  |                               | d. STREET ADDRESS (If rural, give location) <b>2317-Brown Road</b>  |                                     |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2335-Brown Road</b>   |                               | d. STREET ADDRESS <b>2317-Brown Road</b>  |                                     |
| 3. NAME OF DECEASED<br>a. (First) <b>Richard</b><br>(Type or Print)                                    |                               | b. (Middle) <b>Gregory</b>  |                                     |
| c. (Last) <b>Rounce</b>  |                               | 4. DATE OF DEATH (Month) (Day) (Year) <b>April 12, 1950</b>   |                                     |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married (1)</b>   | 8. DATE OF BIRTH <b>May 9, 1946</b> |
| 9. AGE (In years last birthday) <b>3</b>   |                               | 10. IF UNDER 1 YEAR Months <b>11</b> Days _____   |                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nil</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>xxxx</b>   |                                     |
| 11. BIRTHPLACE (State or foreign country) <b>Denver, Colorado</b>                                      |                               | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |                                     |
| 13a. FATHER'S NAME <b>Richard P. Rounce</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Jacqueline Olsen</b>   |                                     |
| 14. NAME OF HUSBAND OR WIFE <b>XXXXXXXXXX</b>  |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>No</b>                  |                                     |
| 16. SOCIAL SECURITY NO. <b>None</b>  |                               | 17. INFORMANT'S SIGNATURE OR NAME <b>Richard P. Rounce</b> ADDRESS <b>2317-Brown Rd- Overland, Mo</b>   |                                     |

|   |  |                           |  |
|---|--|---------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | 19. MEDICAL CERTIFICATION |  |
|---|--|---------------------------|--|

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|--|--|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>fractured skull and multiple body fractures-suffered when he ran into a truck.</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>58124</b><br><b>20</b> |
| ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>                 |  |   |
| DUE TO (b) _____<br>DUE TO (c) _____   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b>   |  |   |

|   |   |  |
|---|---|--|
| 19a. DATE OF OPERATION _____  | 19b. MAJOR FINDINGS OF OPERATION <b>400</b>   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>            | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public Road</b>       | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Overland St. Louis Mo.</b>    |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4 12 50 P m.</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>crossing street.</b>                               |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

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|---|--|--|
| 22a. SIGNATURE <b>Arnold J. Willmann</b> (Degree or title) <b>Coroner</b> | 23b. ADDRESS <b>Clayton, Mo.</b>   | 23c. DATE SIGNED <b>4/14/50</b>                                |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                   | 24b. DATE <b>4-15-1950</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cemetery</b> |
| 24d. LOCATION (City, town, or county) (State) <b>Pattonville, Mo.</b>     | 25. FUNERAL DIRECTOR'S SIGNATURE <b>William W. Brown</b> ADDRESS <b>2504-Woodson Rd- Overland, Mo.</b> |  |

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **Robert L. ...** APR 14 1950

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

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 3454

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 72

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