

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25323

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6435

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) Dr. Louis MO		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION Noesp-2		d. STREET ADDRESS (If rural, give location) 502 N. Jefferson Ave (211)					
3. NAME OF DECEASED (Type or Print) Roy DUMMERS		a. (First)		b. (Middle)			
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 7 5 50					
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
8. DATE OF BIRTH Apr 1895		9. AGE (in years last birthday) 55		IF UNDER 1 YEAR Months Days			
IF UNDER 14 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME unk		13b. MOTHER'S MAIDEN NAME unk		14. NAME OF HUSBAND OR WIFE unk			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) (If yes, give war or date of service) unk		16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME T. C. Taylor			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Lobar Pneumonia N.M.A. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H90X			
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 _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE D. J. [Signature]		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/11/50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JUL 27 1950		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board			
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. JUL 27 1950		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.			

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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
at College of Mortuary Science Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Ralph W Henson

Licensed Embalmer No. 3791

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