

STANDARD CERTIFICATE OF DEATH

31811

FILED SEP 22 1951

State File No. 31811
Registrar's No. 8010

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 10003		State File No. 31811		Registrar's No. 8010							
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, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2159											
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony's Hospital				d. STREET ADDRESS (If rural, give location) 15 4015a Ohio av											
3. NAME OF DECEASED (Type or Print) a. (First) Marilyn			b. (Middle) Grace			c. (Last) Roule			4. DATE OF DEATH (Month) (Day) (Year) Sept 8 1951						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Aug 18 1949		9. AGE (In years last birthday) 2		# UNDER 1 YEAR Months Days		# UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St Louis Mo				12. CITIZEN OF WHAT COUNTRY? U S					
13a. FATHER'S NAME Fred Roule				13b. MOTHER'S MAIDEN NAME Grace Bates				14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Fred Roule 4015a Ohio Av						ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cleft palate Post-operative ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None								INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION 9-8-51		19b. MAJOR FINDINGS OF OPERATION wide separation cleft palate										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St Louis Mo.				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? 755X	
22. I hereby certify that I attended the deceased from Sept 7, 1951 to Sept 8, 1951 , that I last saw the deceased alive on Sept 7, 1951 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.															
23a. SIGNATURE F-X. Palitta						(Degree or title) M.D.		23b. ADDRESS Missouri Thaters Bldg				23c. DATE SIGNED 9-9-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/10/51		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery				24d. LOCATION (City, town, or county) (State) St Louis Mo.							
DATE REC'D BY LOCAL REG. SEP 10 1951		REGISTRAR'S SIGNATURE Charles Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE Moynell Funeral Home 1926 Allen Av						ADDRESS			

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 me

working under my personal supervision.

Signed George J. Siskoda, Jr.
Student Embalmer

Student embalmer No. 421
Signed Dale A. Sherman
Licensed Embalmer No. 4533
P. O. Address Levin's W

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.