

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33370

OCT 2 1952
BIRTH NO. 56335 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. 7401 Registrar's No.

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton 1820	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 9346 Brenda Avenue 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ANN c. (Last) ROIS		4. DATE OF DEATH (Month) (Day) (Year) Aug. 1, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 25, 1952
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Raymond Rois	13b. MOTHER'S MAIDEN NAME Clara Eschmann	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Raymond Rois	ADDRESS 9346 Brenda, Affton, M
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic stenosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple deformities		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7620
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22. I hereby certify that I attended the deceased from July 25, 1952, to Aug 1, 1952, that I last saw the deceased alive on Aug 1, 1952, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE J. Carl Smith, M.D.	(Degree or title) M.D.	23b. ADDRESS 2345 Lebert St. St. Louis, Mo.	23c. DATE SIGNED 8/11/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 2/52	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis county, Mo.
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DATE REC'D BY LOCAL REG. AUG 2 1952	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros. 2201 So. Grand Blvd.	ADDRESS
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.