

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36787

State File No. _____

FILED NOV 13 1952

318

PRIMARY REG. DIST. NO. _____

1003

Registrar's No. 9914

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 9914			
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, 2199					
d. FULL NAME OF HOSPITAL OR INSTITUTION 3717 WESTMINSTER				d. STREET ADDRESS (If rural, give location) 19 3717 WESTMINSTER					
3. NAME OF DECEASED (Type or Print)		a. (First) HARRY		b. (Middle) S.		c. (Last) ROOD			
4. DATE OF DEATH OCT, 25, 1952		5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 2			
8. DATE OF BIRTH 1/14/1879		9. AGE (In years last birthday) 73		10. DATE OF DEATH OCT, 25, 1952		11. BIRTHPLACE (City and State or Foreign Country) SOUX CITY IOWA 1			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RATE CLERK		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) SOUX CITY IOWA 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME LUCIUS M. ROOD		13b. MOTHER'S MAIDEN NAME MARY JANE GRAHAM		14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. #		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JEANNE WIPPERMANN 11201 LARTMORE RD.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
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) Coronary Occlusion DUE TO (c) Coronary Sclerosis				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 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4201					
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 855 P. M., from the causes and on the date stated above.									
23a. SIGNATURE Patrick E. Taylor, Coroner (Degree or title)				23b. ADDRESS 1500 Clark		23c. DATE SIGNED 10.28.52			
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 10/28/52		24c. NAME OF CEMETERY OR CREMATORY VALHALLA CHAPEL OF MEMORIES		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.			
DATE REC'D BY LOCAL REG. OCT 28 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE					

(Licensed Embellisher'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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Stosh - Carroll

Signed.....

Student

Student Embalmer

Licensed Embalmer No.

P. O. Address *4600 1st Bldg*
Wagon 20

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.