

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34447

State File No. ....

FILED OCT 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2295</u>				
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>						
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Clayton</u> )		c. LENGTH OF STAY (In this place) <u>2 1/2 Mks.</u>		c. CITY OR TOWN <u>Clayton 4440</u>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7912 Kingsbury</u>				e. STREET ADDRESS (If rural, give location) <u>7912 Kingsbury</u>						
3. NAME OF DECEASED (Type or Print) <u>ETHEL</u>			a. (First)		b. (Middle)		c. (Last) <u>ROLLINS</u>			
4. DATE OF DEATH <u>Aug. 24, 1953</u>			(Month)		(Day)		(Year)			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>dec. 20, 1922</u>		9. AGE (In years last birthday) <u>30</u>		
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours		IF UNDER 1 HRS. Min.				
10a. USUAL OCCUPATION (Give kind of work done in present or last job, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo. 0</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm Simpkins</u>			13b. MOTHER'S MAIDEN NAME <u>Lena Fadem</u>			14. NAME OF HUSBAND OR WIFE <u>Sidney</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>Unk.</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Sidney Rollins</u>			ADDRESS <u>7912 Kingsbury</u>	
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self-inflicted drowning. Body was found by her husband Sidney, in the bath-tub in the family residence at 7912 Kingsbury Blvd., face down in five inches of water, when he returned home from his business about 5:40 P.M. and indications were that she had been dead several hours</u>						INTERVAL BETWEEN ONSET AND DEATH	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? <u>975X</u>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clayton St. Louis Mo</u>				
21d. TIME OF INJURY <u>Aug. 24, 1953 5:42 p.m.</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>Suffocation through drowning</u>				
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.										
23a. SIGNATURE <u>Arnold Willman</u>						23b. ADDRESS (Degree or title) <u>Coroner Clayton, Missouri.</u>			23c. DATE SIGNED <u>8-26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>8/26/53</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>			24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-25-53</u>			REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Benger Memorial</u>			ADDRESS <u>4715 McPherson</u>	

52 (Licensed Embalmer's Statement on Reverse Side)

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

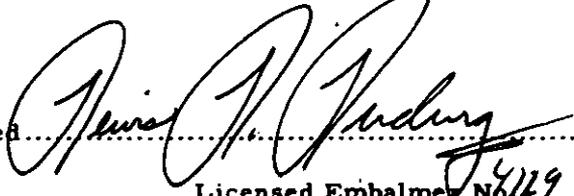
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed .....  
Licensed Embalmer No. 4229.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.