

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34677

State File No.

FILED OCT 2 - 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 8193

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. John		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. John	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2600. Endicott		d. STREET ADDRESS (If rural, give location) 2600 Endicott 420	
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Roney c. (Last) Roney			4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 4, 1875
9. AGE (In years last birthday) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Bramstedt Coal
11. BIRTHPLACE (City and State or Foreign Country) Belleville, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Patrick Roney		13b. MOTHER'S MAIDEN NAME Kathleen O'Neil	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. 488-05-9409	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ieyciadas Smith 5338-Bartmer St. Louis
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) unknown causes 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? 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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 Herbert R. Domke Herbert R. Domke, M.D., Local Registrar		23b. ADDRESS 651 S. Brentwood Blvd.	23c. DATE SIGNED 8-21-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-10-1953	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) Wellston, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blumstein Bros Inc 2504-Woodson Rd-Overland-14-Mo.	
DATE REC'D BY LOCAL REG. 8-10-53		REGISTRAR'S SIGNATURE Herbert R. Domke (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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 30 39

P. O. Address Overland 1470

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.