

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20728

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1294

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Affton Missouri.</b> c. LENGTH OF STAY (in this place) <b>DOA</b>		c. CITY OR TOWN <b>Affton</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>8613 Brinker</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Milton</b> c. (Last) <b>Rose</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 6 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 17 1928</b>
9. AGE (In years last birthday) <b>26</b>		IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lineman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Union Electric</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Rose</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Joseph</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES WW-II</b>		16. SOCIAL SECURITY NO. <b>500-26-0376</b>	17. INFORMANT'S SIGNATURE OR NAME <b>H. E. Walker</b> ADDRESS <b>8701 Carlton</b>
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) <b>Death from asphyxia, compatible with electrocution</b> ANTECEDENT CAUSES <b>with electrocution</b> 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 (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Union Electric</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Affton St. Louis Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>June 6, 1955 3:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Electrocuted - while working on Company Pole on Tesson-Perry Road and Lavina Drive, Affton</b>	
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 <b>Arnold J. Hillmann</b> (Degree or title) <b>CORNER</b>		23b. ADDRESS <b>Clayton, Mo.</b>	23c. DATE SIGNED <b>6-8-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6/10/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>UN 1928 UN</b>	24d. LOCATION (City, town, or county) (State) <b>Little Rock, Arkansas,</b>
DATE REC'D BY LOCAL REG. <b>6/7/55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Zieglerheim</b> ADDRESS <b>6409 Gravois Ave.</b>	

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 1956

**STATEMENT BY LICENSED EMBALMER**

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

Student.....  
Signature of Student Embalmer

Signed.....  
*Van M. Sigens*

Licensed Embalmer No. 4

P. O. Address.....  
*St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.