

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24306

FILED AUG 2 - 1955

BIRTH NO. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5780

1. PLACE OF DEATH a. COUNTY NO			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) 2 months	c. CITY OR TOWN Sesser		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 BARNES HOSPITAL			e. STREET ADDRESS (If rural, give location) 872⁰ 8		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		5. (Month) (Day) (Year)
a. (First) EDNA	b. (Middle) HELEN	c. (Last) ROZENSKI	7-2-55		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-6-1916	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Williamson County, Ill.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Tom Raymond		13b. MOTHER'S MAIDEN NAME Anna Kleine		14. NAME OF HUSBAND OR WIFE Paul Rozenski	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Rozenski, Sesser, Ill.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mid-brain tumor, no pathological diagnosis				11 Mos.
	ANTECEDENT CAUSES				
	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				
	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 237 X			
22. I hereby certify that I attended the deceased from MAY 15, 1955 , to JULY 2, 1955 , that I last saw the deceased alive on July 2, 1955 , and that death occurred at 7:20p m. , from the causes and on the date stated above.					
23a. SIGNATURE JR. [Signature]		23b. ADDRESS BARNES HOSPITAL M. D.		23c. DATE SIGNED 7/3/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 7-4-55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Sesser, Ill.		
DATE REC'D BY LOCAL REG. JUL 5 1955	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brayfield, Sesser, Ill.		

(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.....
Signature of Student Embalmer

Signed *Ronald O. Yohub*.....

Licensed Embalmer No. *35*.....

P. O. Address *Law*.....

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.