No. 300
10-48

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

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28505

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1822

1. PLACE OF DEATH

a. COUNTY: St.Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pine Lawn

c. LENGTH OF STAY (in this place): 2Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shamrock Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY:

c. CITY OR TOWN: St.Louis

d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

e. STREET ADDRESS (If rural, give location): 3642Connecticut

2147 1

3. NAME OF DECEASED (Type or Print): a. (First) Mirian b. (Middle) E c. (Last) Rozier

4. DATE OF DEATH (Month) (Day) (Year): 8/4/55

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept 24

9. AGE (In years last birthday): 77 — 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): Retired Sales Lady Self Emp.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): St.Genevieve,Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Chas.C.Rozier

13b. MOTHER'S MAIDEN NAME: Emily L. LaGrave

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ********

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: B.W.Rozier — ADDRESS: 7837 Bloom Dr.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ch. Nephritis (arteriosclerotic)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 446X

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 20, 1955, *to* Aug 1, 1955, *that I last saw the deceased alive on* Aug 1, 1955, *and that death occurred at* 6:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ralph Berg (Degree or title) MD

23b. ADDRESS: 3403 Grand

23c. DATE SIGNED: 8/4/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8/6/55

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): Ste.Genevieve,Missouri

DATE REC'D BY LOCAL REG.: 8/5/55

REGISTRAR'S SIGNATURE: Herbert H. Domke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: Jos.W.Clark Funeral Home Inc. — ADDRESS: 1125 Hodiamont Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Alfred F. Boedeke

Licensed Embalmer No. 266

P. O. Address 112 Hod

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