

STANDARD CERTIFICATE OF DEATH

22091
State File No. 5846

FILED JUN 29 1956

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>St. Louis</i>		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 <i>Mo. Pac. Hosp.</i>				e. STREET ADDRESS (If rural, give location) <i>2049 4 1021 a Oakview Place</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>CHARLES</i>		b. (Middle) <i>JACOB</i>		c. (Last) <i>ROLLER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>6 19 56</i>	
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>5.6.89</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>suitman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>P.R.C.</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Ohio</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Phillip Roller</i>		13b. MOTHER'S MAIDEN NAME <i>don't know.</i>		14. NAME OF HUSBAND OR WIFE <i>MARY.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Chas. Roller 35 Constantine Ct.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Auto longevestive Failure</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) <i>Generalized arteriosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <i>420.0</i>	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <i>6.17</i> , 19 <i>56</i> to <i>6.19</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>6.19</i> , 19 <i>56</i> , and that death occurred at <i>12.16 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Wm Boyd</i> (Degree or title)				23b. ADDRESS <i>See Pa. Ry.</i>		23c. DATE SIGNED <i>6-19-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>6/21/56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>CALVARY.</i>		24d. LOCATION (City, town, or county) (State) <i>ST LOUIS Mo.</i>	
DATE REC'D BY LOCAL REG. <i>JUN 20 1956</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Jos. A. Howard 1619 S GRAND BL</i>			

WRITE PLAINLY—USING UNFAADING 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.....

Elmo R. Padwell

Licensed Embalmer No.

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P. O. Address

ST Louis

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.