

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22092

FILED JUN 29 1956

318

1003

State File No. _____
Registrar's No. 5924

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		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 Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 2119 2718 A. Whittier 0				
3. NAME OF DECEASED (Type or Print) a. (First) Ollie		b. (Middle) Mae		c. (Last) Rose		4. DATE OF DEATH (Month) (Day) (Year) 6 21 56		
5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4/12/1890		
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 2 Days 9		IF UNDER 2 HRS. Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid			10b. KIND OF BUSINESS OR INDUSTRY Real Estate			11. BIRTHPLACE (City and State or Foreign Country) Cal County, Mississippi		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Will Maddox		13b. MOTHER'S MAIDEN NAME Emmer		14. NAME OF HUSBAND OR WIFE Claude Rose	
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. 490-36-1621		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nina Maddox				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma 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: Carcinoma of the Breast					INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170x					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? SLT				
22. I hereby certify that I attended the deceased from 6-20-1956 , to 6-21-1956 , that I last saw the deceased alive on 6-21-1956 , and that death occurred at 8:30 a. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Edward B. Williams, M.D.				23b. ADDRESS 2601 North Whittier		23c. DATE SIGNED 6-21-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-23-56		24c. NAME OF CEMETERY OR CREMATORY Dundee, Miss.		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. JUN 22 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.B. BOTTKE 1221 N. Grand				

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

St. Louis

U.S.A.

Cal County, Missouri

Real Estate

Real Estate

Claude Rose

Home

Will Madox

Will Madox

190-38-021

ON

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 *Lawrence Brown*

Licensed Embalmer No. *4755*

P. O. Address *1221 no 1st*

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.

Reverse