

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020089

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5107

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN GODFREY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSP.		Length of stay in lb 6 WKS.	d. STREET ADDRESS (If outside, give location) 406 KELLER ST.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) GEORGE ROLLA			4. DATE OF DEATH Month Day Year MAY 14 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 19, 1916		9. AGE (In years at birthday) 42
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY LACLEDE STEEL CO.	11. BIRTHPLACE (City and state or country) OLDFORGE, PENN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MIKE ROLLA	13b. MOTHER'S MAIDEN NAME ANNIE SIRKO	14. NAME OF HUSBAND OR WIFE ROSE DESTEFANO ROLLA
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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. 327-07-3699	17. INFORMANT Mrs. George Rolla Address GODFREY, ILLINOIS.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic malignant melanoma metastatic malignant melanoma to the duodenum DUE TO (b) Metastatic malignant melanoma to the duodenum DUE TO (c) 1909		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. I attended the deceased from Mar. 29-1958 to May 14-1958 and last saw ^{him} alive on May 14-1958
Death occurred at 5:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James Y. Griggs James Y. Griggs	22b. ADDRESS 7820 Carondelet 7820 Carondelet, Chgo	22c. DATE SIGNED 5/14/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5/17/1958	23c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH	23d. LOCATION (City, town, or county) (State) ALTON, ILLINOIS.
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24. FUNERAL DIRECTOR GENT FUNERAL HOME-ALTON, ILL.	ADDRESS MAY 14 '58	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

Not A

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 James J. Leonard

Licensed Embalmer No. 7586
P. O. Address Altus, Ill.

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.