

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO.</i>		Length of stay in 1b	c. CITY OR TOWN <i>St Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSP. #1</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2314 504th ST</i>

3. NAME OF DECEASED (Type or print) First <i>ELMER</i> Middle Last <i>ROZIER</i>			4. DATE OF DEATH Month <i>12</i> Day <i>16</i> Year <i>60</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10/10/1897</i>	9. AGE (last birthday) <i>63</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Famous Barrel</i>		11. BIRTHPLACE (City and state or country) <i>Hillsboro Mo RR</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Reinhardt Rozier</i>		13b. MOTHER'S MAIDEN NAME <i>Caroline Miller</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>486-32-1897</i>		17. INFORMANT <i>Joseph Rozier</i> Address <i>4244 East Cimarron St Louis Mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <i>1 DAY</i>
IMMEDIATE CAUSE (a) <i>ACUTE RENAL FAILURE</i>			
DUE TO (b) <i>UNKNOWN CAUSE</i>			
DUE TO (c) <i>593x</i>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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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.)			
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20c. TIME OF INJURY Hour <i>2:05 PM</i> Month, Day, Year <i>12/15/60</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Hillsboro Mo</i>	COUNTY	STATE
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21. I attended the deceased from *12/15/60 2:05 PM* to *12/16/60* and last saw her/him alive on *12/16/60*
Death occurred at *4:50 PM* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert I. Alan M.D.</i> (Degree or title)	22b. ADDRESS <i>1515 LAFAYETTE AVE.</i>	22c. DATE SIGNED <i>12/16/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12/19/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Glade Chapel Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Hillsboro Mo</i>
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24. FUNERAL DIRECTOR <i>Brimmer Funeral Home</i> ADDRESS <i>Spring</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 19 1960</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Gan Jr.

Licensed Embalmer No. 48

P. O. Address Kirkwood

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