N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 29 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No. 13654
Township Jefferson — Primary Registration District No. 6248-H. — Registered No. 61
City Richmond Heights (No. St. Mary's Hospital St. Ward)

2. FULL NAME William F. Marose
(a) Residence, No. 459 E. Big Bend Rd. St., Ward. Webster Groves Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Marose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 6, 1868

7. AGE: Years 68 — Months 6 — Days 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Supt.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sterotype Dept. Post-Dispatch
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

FATHER
13. NAME: Carl Marose
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Wilhelmina Behnke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Emma Marose
(ADDRESS) 459 E. Big Bend Rd. Webster Groves

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn DATE Mar. 4, 1937

19. UNDERTAKER Beiderwieden Funeral Home
(ADDRESS) 1936 St. Louis Ave.

20. FILED Mar. 3, 1937. Sam A. Barnett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1937, to March 1, 1937
I last saw him alive on Mar 1, 1937. Death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Rt Cerebrum)	2/26/37
Arteriosclerosis (General)	1932

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) Francis J. Medler, M. D.
(Address) 4114 W. Florissant Ave.

Francis J. Medler, M.D., 4114 W. Florissant Ave.