

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32273

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City St. Louis Mo (d) Street No. Alexian Bros Hospital Registered No. **8327**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Rosenaur

(a) Residence, No. St. **NR** Peru Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 - 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 87 7 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Antonia Mo.13. NAME Albert Rosenaur14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Annie Arbister16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) George Rosenaur
Peru Mo.18. BURIAL, CREMATION, OR REMOVAL Philomath
PLACE Peru Mo. DATE Sept. 6, 193719. FUNERAL DIRECTOR (ADDRESS) Rowland Mortuary Service
4355 Washington20. FILER (ADDRESS) J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 193722. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1937, to Sept 3, 1937I last saw him alive on Sept 3, 1937 Death is saidto have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Perforation of gall bladder
with peritonitis
10
 Date of onset 9/1/37

Other contributory causes of importance:

Cholecystitis with cholelithiasis.Name of operation Drainage of Perforated Cavity Date of 9/2/37What test confirmed diagnosis? Aspirate Was there an autopsy? no

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? no

If so, specify _____ (Signed) _____ M. D.

(Address) 3548 So. Grand Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

OCT 14 1937

SEP 4 1937

STATEMENT BY LICENSED EMBALMER

I, Howard F Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

.....L. E.

No. or by , Registered Apprentice No.
working under my personal supervision.

Signed Howard F Rowland
Licensed Embalmer No. 3114

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.)