

REC'D NOV 16 1938

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

33755
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1003 Registered No. 8741
(c) City St. Louis (d) Street No. #6116 Pershing Ave. St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

260 Katherine Greene Rose.
(a) Residence, No. #6116 Pershing Ave. 5 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles A. Rose.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 - 1853.
7. AGE YEARS 84. MONTHS 9 DAYS 17 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sylvania Ohio!
13. NAME Dr. Joel Greene. 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toledo, Ohio
15. MAIDEN NAME Katherine Stautenberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clifton, N.Y.
17. INFORMANT (ADDRESS) Mrs. Ruby S. Neal.
#6116 Pershing Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka, Kan. DATE Oct 7 - 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) P. R. Lupton & Son
#7233 Delmar Blvd
20. FILED 61039 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5th 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1938, to Oct 5th 1938
I last saw her alive on Oct 5th 1938 Death is said to have occurred on the date stated above, at 7:30 PM.
The principal cause of death and related causes of importance were as follows:
Myocarditis (Chronic) Date of onset
Senile dementia
Essential hypertension
Other contributory causes of importance:
Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.
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) Henry J. Dango M. D.
(Address) 634 N. Grand

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.

Mr. J. H. ...
JE - 9262

Re 1140 Lawn JE 0240

3-5 P.M.
MO 4400

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,

Clarence H. Murray

or by

Registered Apprentice No., working under my personal supervision.

Signed

Clarence H. Murray

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo*

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 this body is not embalmed, above space should be left blank.