

FEB 27 1939

REC'D MAR 9 1939

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

7758
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township ST. FERDINAND Primary Registration District No. 200 Registered No. 355

(c) City Jennings (d) Street No. Elms Convalescent Home St.

(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 60 yrs. mos. ds.

2. PRINT FULL NAME Henry Rosteck, Sr.

(a) Residence, No. 4217 Prairie St. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower of Lena Rosteck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1863

7. AGE YEARS 75 MONTHS 2 DAYS 26 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ladler

9. Industry or business in which work was done, as saw mill, bank, etc. Glass Co.

10. Date deceased last worked at this occupation (month and year) 50 Feb. 1937 11. Total time (years) spent in this occupation 50

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

FATHER 13. NAME Unk. Rosteck

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

17. INFORMANT Henry Rosteck Jr. (ADDRESS) 2013 Newhouse Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem. DATE Feb. 27 1939

19. FUNERAL DIRECTOR (NAME) Suedmeyer & Sons (ADDRESS) 3934 N. 20th St.

20. FILED FEB 27 1939 G. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1938, to Feb. 24 1939

I last saw deceased alive on Feb. 22 1939 Death is said to have occurred on the date stated above, at 9 A.M.

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

Uremia due to
Arteriosclerotic Cardio-
vascular disease Date of onset 7/20/39

Other contributory causes of importance:
Chronic Myocarditis

Name of operation..... Date of.....
What test confirmed diagnosis? Chemical signs 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) Charles S. Mullen M. D.
(Address) 3911 Lee Ave.

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.

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, or by.....

Geo. P. Schubert....., Registered Apprentice No.....
working under my personal supervision.

Signed *Geo. P. Schubert*.....

Licensed Embalmer No. *2212*.....

P. O. Address *5118 W. Kingshigh*.....

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.