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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13281

Registration District No. 7 FILED MAY 1 - 1940 Primary Registration District No. 1003 Registrar's No. 3483

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5111 Eichelberger
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Otto Rosener 256

3. (b) If veteran, name war NO

3. (c) Social Security No. 489-07-7509

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 24 1887 (Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business

FATHER 12. Name Peter Rosener

13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name Christina Hauck

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Laura Rosener

(b) Address 5111 Eichelberger

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/40 (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4066 Chippewa St.

19. (a) APR 17 1940 (Date received local registrar) (b) J. H. Baldock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15, year 1940 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from April 6, 1940, to April 15, 1940 that I last saw him alive on April 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Possible Carcinoma of Lungs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. R. Crews (M. D. or other)

Address 1515 Lafayette Date signed 4/15/40

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnica

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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