No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13337

Registrar's No. 3539

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution 2622 S. 7th St. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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 23
(If outside city or town limits write "RURAL")

(d) Street No. 2622 S. 7th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Susan Rosskopf. 210

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife John Rosskopf

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

7. Birth date of deceased Sept. (Month) 19 (Day) 1850 (Year)

8. AGE: Years 89 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Highland (City, town, or county) Ill. (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Johann Hiestand
13. Birthplace Switzerland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Tanner
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Emma Rosskopf
(b) Address 2622 S. 7th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews

18. (a) Signature of funeral director Witt Bros. L & N Co
(b) Address 2929 S. Jefferson Av.

19. (a) APR 19 1940 (Date received local registrar) (b) J. F. Brockock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1940 hour 3 minute 15 a. M.

21. I hereby certify that I attended the deceased from April 16, 1940, to Apr 18, 1940 that I last saw her alive on Apr 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia — Duration 4 days

Due to Undertified Type (Possible meta

Due to static from

Other conditions Melanotic Epithelioma of face of right eye
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 53

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 Edw H Eyerman (M. D. or other)
Address 2924 S. Grand Date signed 4/18/40

(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 Paul A. Shanklin, Registered Apprentice No. _____ working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 7999 S. Jefferson

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.