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NOV 16 1940

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8447**

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: _____
3836 Pennsylvania Ave. **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 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis **24**
(If outside city or town limits, write "RURAL")

(d) Street No. 3836 Pennsylvania
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Rostron

3. (b) If veteran, name war _____ (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Rostron 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 12, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace Unknown Massachusetts
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____ **4**

12. Name Samuel Rostron **4**

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

14. Maiden name Ann Booth

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

16. (a) Informant Elizabeth Jane Rostron

(b) Address 3836 Pennsylvania

17. (a) Burial (b) Date thereof 10/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Wacker - Helderle
(b) Address 2331 S. Broadway

19. (a) OCT 11 1940 (b) J.F. Brubaker
(Date received local registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1940 hour 2 minute 50 p.m.

21. I hereby certify that I attended the deceased from August 15th, 1940 to October 8th, 1940; that I last saw him alive on Oct. 8th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiac Valvular Disease.

Due to _____
Due to _____

Other conditions Hyper-tension, Diabetes Mellittus.

Major findings: Of operations None

Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. ... (M. D. or other) 10/10/40
Address 1319 So. Broadway Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Robert Wheeler

Licensed Embalmer No.

2128

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, fact should be so stated above.