

7901

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

40611
State File No. 10382
Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis ²
(c) Name of hospital or institution:
3959 Washington Ave.
(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)

3. (a) PRINT FULL NAME Rosella Dee

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 Widowed
6. (b) Name of husband or wife Edward J. Dee 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Sept. 29 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Loper

13. Birthplace Unknown

14. Maiden name Mary Haycraft (City, town, or county) (State or foreign country)

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

16. (a) Informant Edward J. Dee

(b) Address 3959 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-40 (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) DEC 18 1940 (b) J. W. Brudwick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis ¹⁹
(If outside city or town limits, write "RURAL")
(d) Street No. 3959 Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1940 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 29, 1935, to Dec 17, 1940 that I last saw her alive on Dec 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation

Due to Chronic myocarditis

Due to Chronic nephritis and coronary sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

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

(b) Date of occurrence c

(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 B. B. Kelder (M. D. or other) ¹

Address 3121 Grand Date signed 12/17/40

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

MOTHER FATHER

3/21 No No.
Fr. 1244

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 *R. M. Sanford*

Licensed Embalmer No. *2273*

P. O. Address.....

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.