

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10744**

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: **Park Lane Memorial Hospital**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **10 WEEKS, 4 days**
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **CHRIS ROSTER**

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

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

6. (b) Name of husband or wife **Rosella** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	-	2	hr. _____ min.

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

10. Usual occupation **Conductor Retired**

11. Industry or business **Public Service Co.**

12. Name **Henry Roster**

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

14. Maiden name **Margaret Goff**

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

16. (a) Informant **Mrs. George W. Roster**

(b) Address **3634 Tennessee Ave.**

17. (a) **Burial** (b) Date thereof **Dec. 29, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. James, Missouri**

18. (a) Signature of funeral director **H. H. Belden & Sons & Sons, Inc.**

(b) Address **2842 Meramec St.**

19. **DEC 27 1940** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Phelps**
(c) City or town **St. James**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **27**
year **1940** hour **1** minute **A. M.**

21. I hereby certify that I attended the deceased from **10-14-40**, 19____, to **12-27-40**, 19____;
that I last saw him alive on **12-27-40**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation
Chronic Myocarditis**

Due to _____
Due to _____

Other conditions **Sarcoma of carotid glands of neck**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature **J. F. Bredeck** (other) _____
Address **2842 Meramec St. St. James, Mo.** Date signed **Dec 27 1940**

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Robert F. Gebken

Licensed Embalmer No. 4144
2842 Meramec St.

P. O. Address St. Louis, Missouri

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.