

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:  
3231 - ALFRED 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 4 MONTHS  
 ? years, months or days)

3. (a) PRINT FULL NAME Wm. ROSE

3. (b) If veteran, name war NONE 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 LENA FICKEN 6. (c) Age of husband or wife if alive DEC. years

7. Birth date of deceased MAY - 1 - 1860  
 (Month) (Day) (Year)

8. AGE: Years 81 Months 19 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation RET. FARMER

11. Industry or business OWN FARM

MOTHER FATHER { 12. Name HENRY ROSE

13. Birthplace \_\_\_\_\_ GERMANY  
 (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_ TUBBSING  
 (City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_ GERMANY  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Augusta Roll

(b) Address House Springs Mo

17. (a) BURIAL (b) Date thereof 5-23-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CEDAR HILL MO

18. (a) Signature of funeral director J.P. Brueck

(b) Address House Springs Mo

19. (a) MAY 20 1941 (b) J.P. Brueck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3231 Alfred Avenue  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May - day 20  
 year 1941 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3-3-41  
 \_\_\_\_\_, 19\_\_\_\_, to 5-20, 1941;

that I last saw him alive on 5-19-, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death gangrene of left leg and  
of foot. Duration 5 days

Due to arterio-sclerosis obliterans unknown

Due to chr myocarditis

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

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? \_\_\_\_\_

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

23. Signature Wm R. Ginn (M. D. or other) MD

Address 2227 S Broadway Date signed 5-20-41  
St Louis

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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

*John J. Fetter*  
.....  
Licensed Embalmer No. 3880  
.....  
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, above space should be left blank.**