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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17051

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4569

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: 3951 North Market Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")

(d) Street No. 3951 North Market Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joseph I. Rosner

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 Married

6. (b) Name of husband or wife Kate Rosner

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased September (Month) 29 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
74	8	1	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Tinner & Roofer

11. Industry or business Own Business

FATHER
12. Name Joseph Rosner
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Margaret Tureck
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Kate Rosner

(b) Address 3951 North Market Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 / 2 / 41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cem

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave

19. (a) MAY 31 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1941 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Feb 15, 1940, to May 30, 1941; that I last saw him alive on May 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	-?
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John G. McInerney (M. D. or other) DMD

Address 4701 S. Thomas Date signed 5/31/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. McSurney
5014 Thackla Ave.
Mu 4688

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 [signature]

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave

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.