

No. 2
4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22656

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1350

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town JENNINGS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2623 KINAMORE DRIVE, 1
(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 EUGENE GERARD ROOS

3. (b) If veteran, name war NO

3. (c) Social Security No. NO.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

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

7. Birth date of deceased AUGUST 18 1934
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>6</u>	<u>10</u>	<u>8</u>	____ hr. ____ min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business _____

MOTHER FATHER { 12. Name VICTOR H. ROOS

13. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name SARA SCOPELITE

15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Victor H. Roos

(b) Address 2623 Kinamore Drive

17. (a) BURIAL (b) Date thereof JUNE 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW S. S. PETER & PAUL

18. (a) Signature of funeral director E. J. Schmu

(b) Address 3125 Lafayette Ave

19. (a) JUN 28 1941 (Date received local registrar)

[Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 96

(c) City or town JENNINGS
(If outside city or town limits, write "RURAL")

(d) Street No. 2623 KINAMORE DRIVE
(If rural, give location)

(e) Citizen of foreign country? () (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26
year 1941 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from June 26, 1941 to June 26, 1941.

that I last saw him alive on June 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Broncho-pneumonia & decay

Due to infection 1 mo.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107-

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 [Signature] (M. D. or other) MD

Address Madison St Date signed 6/27/41

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..... *Joseph B. Hollman*.....
Licensed Embalmer No. *41014*.....
P. O. Address *3125 Lafayette 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.