

FILED OCT 18 1941

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Faith Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3951 N. Market
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kate Rosner

3. (b) If veteran, name war _____ 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Joseph Rosner
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 25, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil.

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Dotray
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Mueller
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Yarborough

(b) Address 4214 Maryland

17. (a) Burial (b) Date thereof 9/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) SEP 15 1941 (b) J. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16
year 1941 hour 6:10A. Minute _____ M.

21. I hereby certify that I attended the deceased from 7-1-1941 to 9-16-1941
that I last saw her alive on 9-15-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 9/16/41
Due to Hypertension, malignant?
Due to Myocarditis, Ch?
Other conditions Post-operative Ventral Hernia 35 yrs
(Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(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 Nicholas S. Vitale (M. D. or other)
Address 3861 St. Louis Ave. Date signed 9/19/41

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

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.....
Henry Eynock

Licensed Embalmer No. *1284*

P. O. Address.....
St. Louis Mo.

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.