DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33150

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8104

X26390

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

1. PLACE OF DEATH:

(a) County ~~St. Louis, Mo.~~

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

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7yrs. 3mos. 22dys. (Specify whether
In this community About 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 13 ##
(If outside city or town limits, write "RURAL")

(d) Street No. 3959 Lincoln Ave.
(If rural, give location)

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

If yes name country

3. (a) PRINT FULL NAME Vernon Rose

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Locia Rose

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

7. Birth date of deceased March 17, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	6	22	hr. min.

9. Birthplace Unknown Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business

FATHER
12. Name Andrew Rose
13. Birthplace Unknown Ohio 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Beardsely
15. Birthplace Unknown Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant L. Deggendorf
(b) Address City Sanitarium

17. (a) Burial (b) Date thereof 10/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) OCT 11 1941 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1941 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-39, 19..., to 10-9-41, 19...;
that I last saw him alive on 10-9-41, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis 10-4-41	
Due to Gen. Arteriosclerosis 7-1-39x	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes.	

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? (Means of injury)

23. Signature [illegible] (M.D. or other)
Address 5400 [illegible] Date signed 10-10-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Mansfield Wilder

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 Ralph C. Linders, Registered Apprentice No. 281 working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.