No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 33451

Primary Registration District No. 1003

Registrar's No. 8407

**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:
Mo Pacific Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community

**2. USUAL RESIDENCE OF DECEASED:** 999

(a) State Lousiana (b) County 11

(c) City or town Monroe 010
(If outside city or town limits, write "RURAL")

(d) Street No. 4306 Lee Ave 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mandel Traghein Rosedale

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 1

6. (b) Name of husband or wife Fannie Rosedale

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 11/18/1893 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 47 | 11 | 5 | hr. min. |

9. Birthplace Shreveport (City, town, or county) La 1 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Mo Pac Railroad

FATHER
12. Name Adolph Rosedale
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name ? DeBorah Asher
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Fannie Rosedale
(b) Address Monroe Louisiana

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation Monroe Louisiana

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Rd

19. (a) OCT 23 1941 (Date received by local registrar) (b) J. T. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 23 rd
year 1941 hour 4 minute 10 a M.

21. I hereby certify that I attended the deceased from 10-21-41, 19..., to 10-23-41, 19...; that I last saw him alive on 10-23-41, 19...; and that death occurred on the date and hour stated above.

| Immediate cause of death Coronary artery disease | Duration |
|---|---|
| Due to | |
| Due to | |
| Other conditions Diabetes mellitus (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 H. S. Cron M.D. (M.D. or other) D
Address Mo. Pac. Hospital Date signed 10-23-41

(Licensed Embalmer's Statement on Reverse Side)

NOV 14 1941

**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 Edward H. Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**