V. S. No. 2
50M—1-4-41
Rev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 775

Registration District No. FILED FEB 24 1942 791

Primary Registration District No. 1003

Registrar's No. 10073

000
17
9

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:
1289 Hodiamont Ave., 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 5 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1289 Hodiamont Ave., 9
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Bessie E. Rosebrough

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex female 1

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Richard L. Rosebrough

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased April 4, 1900.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	8	14	hr. min.

9. Birthplace St. Louis, 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Witt
13. Birthplace 0 Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nellie Mae Seaton
15. Birthplace 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Richard L. Rosebrough
(b) Address 1289 Hodiamont Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22/41
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) DEC 20 1941 (Date received local registrar) (b) J. F. Bideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1941 hour 9.03 minute A.M.

21. I hereby certify that I attended the deceased from Jan 1939 19 to Dec 18-1941 19
that I last saw her alive on Dec 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — Duration

Due to Hepertention

Due to Cardio Vascular Deaves 2 yrs

Other conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93
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: 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? no
(Specify type of place)
While at work? no (e) Means of injury ✓

23. Signature R. Zell 0 (M. D. or other)
Address Frisco Bldg Date signed 12-20-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Roland Gzell
Room 318 GA.3661
Frisco Bldg.,
at office 10.00 A.M.
Saturday

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 G. W. Wilkinson

Licensed Embalmer No. 3575

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.