

S. No. 2  
1-9-4-41  
5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8694  
3088

FILED APR 17 1942

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: City Hospital #1  
(d) Length of stay: In hospital or institution 9 hours  
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 2115 Park Avenue  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME ROSE HENRY

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife William  
6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased July 18, 1875

8. AGE: Years 66 Months 8 Days 18  
If less than one day hr. min.

9. Birthplace Grand Tower, Illinois

10. Usual occupation housewife at home

11. Industry or business

12. Name George Cochran

13. Birthplace Illinois

14. Maiden name Mary Hill

15. Birthplace Illinois

16. (a) Informant William Henry (Husband)

(b) Address 2115 Park Avenue

17. (a) Burial (b) Date thereof 4-8-42

(c) Place: burial or cremation Murphysboro, Illinois

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) APR 6 1942 (b) Registrar's signature J.F. Debeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1942 hour 10:30 minute P M.

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

Immediate cause of death Coronary sclerosis  
Arterio sclerosis

Due to 94 a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
(a) Means of injury  
23. Signature (M. D. or other)  
Address Date signed

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

MOTHER FATHER

**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

*Charles D. Neighbors*

Registered Apprentice No. *319*

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.**