

FILED APR 13 1942

STANDARD CERTIFICATE OF DEATH

State File No. ....

2626

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. ....

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20hrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1833 Schild Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Rose Stein

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Conrad 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased December 19, 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 3 4 hr. min.

9. Birthplace Austria  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business .....

12. Name John Furland

13. Birthplace Austria  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Kristen

(b) Address 1833 Schild Ave.

17. (a) Burial (b) Date thereof Mar. 25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Park

18. (a) Signature of funeral director [Signature]  
(b) Address 1926 Allen Ave.

19. (a) MAR 24 1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23,  
year 1942 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from March 22, 1942 to March 23, 1942  
that I last saw her alive on March 23, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of large bowel

Due to .....

Due to .....

Other conditions Submorbidly for.  
(Include pregnancy within 3 months of death)

Major findings: as above.  
Of operations .....

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? .....

While at work? (Specify type of place) (e) Means of injury 0

23. Signature M. M. Karl (M. D. or other)  
Address 1515 Lafayette Ave. Date signed 3/23/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 *Berj E. Dunman*

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

**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.**