

FILED MAY 7 1942 799

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County ST LOUIS  
(b) City or town ST LOUIS  
(c) Name of hospital or institution DEACONESS HOSP U  
(d) Length of stay: In hospital or institution 3 WKS.

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County LINCOLN  
(c) City or town TROY  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ROSETTA HANNI

20. DATE OF DEATH: Month APRIL day 24 1942  
year 12 hour 20 minute P. M.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

21. I hereby certify that I attended the deceased from April 6, 1942 to April 24, 1942, that I last saw her alive on April 24, 1942, and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color of race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased SEPT 22 1878

Immediate cause of death Cerebral Embolism Duration 5 min  
Due to acute Gangrenous Appendicitis 20 days

8. AGE: Years 68 Months 7 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
Major findings: acute Gangrenous appendix operation 4-6-42.

9. Birthplace UNKNOWN WISCONSIN

Of operations \_\_\_\_\_  
Of autopsy no autopsy  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name CHRISTAIN HARTMAN

13. Birthplace SWITZERLAND

14. Maiden name UNKNOWN HANNEY

15. Birthplace UNKNOWN WISCONSIN

16. (a) Informant Mrs. R. M. Hanni

(b) Address Troy, Mo.

17. (a) Removal (b) Date thereof 4/24/42

(c) Place: burial or cremation Troy, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

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)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.  
Address 634 No. Grand Blvd Date signed 4/24/42

**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. *Not Embalmed*

Signed *Joseph J. Marsh*  
Licensed Embalmer No. *3932*

P. O. Address *Dray 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.**