

S. No. 2
1-9-4-41
5-17-39
PI X2942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

19954

5469

Registration District No.

Primary Registration District No.

1003

Registrar's No.

006
129
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:
8220 Reilley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
Life (Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8220 Reilley ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Rosenberger

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 Widowed
6. (b) Name of husband or wife Joseph Rosenberger 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 7 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Cornelius
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Freihaut
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ernst Rosenberger
(b) Address 8220 Reilley ave.

17. (a) Burial (b) Date thereof June 27, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul Con.

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. Broadway

19. (a) J. F. Bredel (b) _____
(Date of local burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1942 hour 6 minute 55 a M.

21. I hereby certify that I attended the deceased from June 1, 1942 to June 24, 1942
that I last saw her alive on June 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death coronary artery disease
coronary occlusion
Due to _____
Due to Hypertensive Heart Disease
Other conditions _____
(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? _____

While at _____ (Specify type of place)
means of injury _____
23. Signature J. F. Bredel (M. D. or other)
Address 421 W. Schumaker Date signed 6/24/42

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.

Signed

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address. *732 Lemay Ferry rd*

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.