

1942 AUG 6 1942 91

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County St. Louis,  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Anthony's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(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, 24 17 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3500 Iowa 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 ANN KOHLBERG

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security NO. 500-16-0020

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Joseph A. 6. (c) Age of husband or wife if alive 47 years (Day) (Year)

7. Birth date of deceased Nov. 8, 1897  
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Cook

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Albert Biedenstein  
13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Russell  
15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Kohlberg  
(b) Address 3500 Iowa Ave.

17. (a) Burial (b) Date thereof 7/29/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cemetery

18. (a) Signature of funeral director Hubert Boring

(b) Address 2842 Mevamec St.

19. (a) J. F. Budeck (b) 1042  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th.  
year 1942 hour 10; minute 03P. M.

21. I hereby certify that I attended the deceased from July 10  
1942 to July 27 1942  
that I last saw her alive on July 25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Peritonitis  
caused by rupture  
Due to \_\_\_\_\_  
Due to h/o  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

7-16-42

Major findings: Uterine fibroid  
Of operations myoma  
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: 40  
(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? y

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Hubert Boring (M. D. or other) Hub  
Address 3318 So. Grand Date signed 7-27-42

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

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 Me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Joe S. Benz*  
Licensed Embalmer No. 4243

P. O. Address 2842 Meramec St.  
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.