

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23073

State File No. ....

FILED AUG 17 1942 791

Registration District No. .... Primary Registration District No. 1003 Registrar's No. 6513

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17  
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:  
3712 N. Florissant  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ..... (Specify whether  
In this community 78 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State Missouri (b) County 17  
(c) City or town St. Louis 926  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3712 N. Florissant  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Wilhelmina Rosacker  
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 31  
year 1942 hour 7 minute 15 A. M.  
21. I hereby certify that I attended the deceased from June 25<sup>th</sup>  
1942 to July 31, 1942  
that I last saw her alive on July 31, 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death..... Duration  
Pyemia 3 days

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Theo. Rosacker 6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased October 13 1863  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
78 9 18 hr. min.

Due to Cardio-vascular disease 8 yrs.  
Other conditions Carcinoma of stomach  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
11. Industry or business.....  
12. Name Wm. Schwink  
13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Langenecker  
15. Birthplace unknown Germany 4  
(City, town, or county) (State or foreign country)  
16. (a) Informant Chas. Schwink  
(b) Address 3712 N. Florissant  
17. (a) Burial (b) Date thereof 8/3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Wendell G. Bond  
(b) Address 3934 N. 24th St.  
19. (a) AUG 1 1942 (b) J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

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) (Means of injury)  
3. Signature Geo. H. [Signature] (Physician or other)  
Address 3621 N. 20th St. Date signed 8/1/42

**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..... *Alfred J. Boedeper*  
Licensed Embalmer No. *2663*  
P. O. Address *5934 alpha*

**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.**