

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH
FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25347
State File No. _____
Registrar's No. 1632

Registration District No. 784
Primary Registration District No. 240

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Velda Vill age
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6824 Edison Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 61 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Velda Vill age
(If outside city or town limits, write "RURAL")
(d) Street No. 6824 Edison Ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Brady Rosen
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 30
year 1942 hour 11 minute 24 A: M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife August F. Rosen
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased May 29 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 1942 to July 30 1942
that I last saw her alive on July 28 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 2 1 _____ hr. _____ min.

Immediate cause of death: Cerebral embolus
Duration _____

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

Due to arterial hypertension
Due to _____

10. Usual occupation House-Wife

Other conditions (Include pregnancy within 3 months of death) 83K

11. Industry or business _____
MOTHER FATHER { 12. Name Owen Brady
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Donna Brown
15. Birthplace Donna Brown (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant August F. Rosen
(b) Address 6824 Edison Ave.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

(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? _____

18. (a) Signature of funeral director W. A. Street
(b) Address 2117 E. Grand

While at work? _____ (Specify type of place)
(c) Means of injury _____

19. (a) III 31 1942 (Date of local registrar)
(b) E. G. Mc Gowan (Registrar's signature)

23. Signature Thos. M. Dyre (M. D. or other)
Address 2422 N. Grand Date signed 7/30/42

9733
Fogarty

J. H. ...
2424 N. ...
St. 4325
St. 400

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 Frank A. [Signature]

Licensed Embalmer No. 3041

P. O. Address 2117 E. [Signature]

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.