S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 29859

Registrar's No. 906

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saint Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether

In this community 53 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")

(d) Street No. 2423 Jule Street, (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Linda Rosenbleet,

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 Eugene Rosenbleet,

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 11th, 1942 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	0	10	hr. min.

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

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name John Rakew,
13. Birthplace Unknown, Germany, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Perry Rosenbleet

(b) Address 2423 Jule Street,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/22/42 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Mausoleum, Heaton - Bethel & Bannerman Funeral

18. (a) Signature of funeral director

(b) Address 319 So. 10th. Street, Home

19. (a) 9-22-42 (Date received local registrar) (b) Roe Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st. year 1942 hour 12:00 minute 03 a.M.

21. I hereby certify that I attended the deceased from 7-22, 1942, to 9-21, 1942, that I last saw her alive on 9-20, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Subacute lymphatic leukemia	3 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 74a	
Major findings: Of operations	
Of autopsy lymphatic leukemia	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harold J. Brunner (M. D. ~~or other~~)

Address St Joseph, Mo Date signed 9-22-42

1235

(Licensed Embalmer's Statement on Reverse Side)

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 Sept. 21, 19

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 3195 10 St Joseph M

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.