

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 6 1942
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2014

96
13
1

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland Missouri.

(c) Name of hospital or institution:
2346 David Ave.
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

3. (a) PRINT FULL NAME Emma Rockwell

3. (b) If veteran, name war _____

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 Wm. H. Rockwell

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

7. Birth date of deceased October 6th, 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation House-Wife.

11. Industry or business _____

MOTHER FATHER

12. Name Fred Kall

13. Birthplace Unknown. Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant George J. Rockwell

(b) Address 2346 David Overland, Missouri.

17. (a) Burial (b) Date thereof Sept 30, 42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 16409 Gravois Ave.

19. (a) SEP 28 1942 (b) E. J. McDevitt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____

(c) City or town Overland.
(If outside city or town limits, write "RURAL")

(d) Street No. 2346 David Street.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1942 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from Sept 26, 1942, to Sept 27, 1942, that I last saw her alive on Sept 26, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Chs Myocarditis arteriosclerosis

Due to _____

Other conditions Arterio Arteritis

(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

22. If death was due to external causes, fill in following:

(a) Accident, suicide, or homicide (specify) None

(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? _____ (a) Means of injury _____

23. Signature Max Starbuck (M. D. or other) MD

Address 512 Dore Ave Date signed 9/28/42

Duration 1 day

Due to ?

Due to ?

Other conditions Arterio Arteritis 20 ym

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.