S. No. 2
M—5-42
v. 5-17-39
I X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8736

Registration District No. 318 Primary Registration District No. Registrar's No. 2906

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: City Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Mo (b) County 000 17 26
(c) City or town st Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1415 Mallinckrodt
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Herman F. Rosemann

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 Married
6. (b) Name of husband or wife Mary Rosemann
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March (Month) 24 (Day) Th 1881 (Year)

8. AGE: Years 62 ----- Months -0- Days 2--- If less than one day hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Carpenter Boss
11. Industry or business & Contrackter

FATHER
12. Name Frank Rosemann
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name MARY NIEMEYER
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mary Rosemann
(b) Address 1415 Mallinckrodt Str 1943
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March (Month) 30 (Day) Th (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th Str
19. (a) MAR 27 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 26
year 1943 hour 11 minute 45 A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Duration
Fracture Skull Sub dural Hemorrhage of the Brain when a Rope Which was Holding a Scaffold
Due to Broke Causing him to be Thrown to the Concrete paved gangway
Due to between 39 37-39 41 Wyoming to about 10 15 am 3-26-43
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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:
(a) Accident, suicide, or homicide (specify) Accident 000
(b) Date of occurrence 3-26-43
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)
While at work? yes (e) Means of injury fall

23. Signature Alfred J Perry (M. D. or other)
Address Deputy Coroner Date signed 3/27/43

(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.....

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

working under my personal supervision.

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Jamaica

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.