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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED APR 1 1940

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 51

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
428 Houston Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Lifetime (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 428 Houston Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Oscar Peter Rose

3. (b) If veteran, name war No. 3. (c) Social Security No. 497-01-1589

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased August 16 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 6 24 hr. min.

9. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business.....

12. Name John Rose

13. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Vennemann

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

16. (a) Informant Mrs. Mary Gray

(b) Address St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director H.C. Dallmeyer & Sons Co.

(b) Address 801 1/2 Second St. Charles, Mo.

19. (a) 3-13-43 (Date received local registrar) (b) Clarence G. Wessler (Registry signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1943 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3-10-43
..... 19 3-10-43 to 3-10-43 19.....
that I last saw him alive on 3-10-43 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary occlusion 1 day
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 5 months of death) gta

Major findings:
Of operations.....
Of autopsy.....

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) (e) Means of injury.....

23. Signature R. J. Rudke (M. D. or other) 3/14/43
Address 700 Clay Date signed.....

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

MOTHER FATHER

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 John E. Dallmeyer
Licensed Embalmer No. 2951
P.O. Address St Charles Mo

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.