

FILED APR 28 1943 18

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3594

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.

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

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

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

In this community..... (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
17

(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL") 9 16

(d) Street No. 3721 Hartford Street.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
0

If yes, name country.....

3. (a) PRINT FULL NAME Henry A. Rosskopf.

3. (b) If veteran, name war.....

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th.
year 1943. hour 1 minute 0 P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Augusta Rosskopf

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased December 31st, 1877.
(Month) (Day) (Year)

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.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>3</u>	<u>15</u>hr.min.

Immediate cause of death: Remarriage due to gunshot wound in mouth self inflicted due to in the kitchen of his home at 3721 Hartford st 4-16-43

Due to about 10:25 am

9. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

Other conditions..... (Include pregnancy within 3 months of death)

10. Usual occupation Lawyer

Major findings: 16 H C

Of operations.....

11. Industry or business John Rosskopf

12. Name John Rosskopf

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

14. Maiden name Unknown

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

16. (a) Informant Augusta Rosskopf

(b) Address 3721 Hartford Street

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

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 4-16-43

17. (a) Burial (b) Date thereof 4-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem

(c) Where did injury occur? St Louis MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

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

(b) Address 6409 Gravois Ave.

While at work?..... (Specify type of place)

(c) Means of injury 3

19. (a) ADD 17 (b) J. P. Bredbeck
(Date received local Registrar) (Registrar's signature)

23. Signature Alfred Perry (M.D. or other)

Address Secretary to the Board Date signed 4/17/43

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 *Juddie A. Ziegenbein*
Licensed Embalmer No. *2670*
P. O. Address *6409 Havana*

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.