

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5305 Winslow
(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:

(a) State Missouri (b) County St. Louis
(c) City or town Berdell Hills - Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 5305 Winslow
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Joyce Ann Roseman

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, Single

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

7. Birth date of deceased October 13, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 25 hr. min.

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

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER { 12. Name Emmett Roseman
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Laura Worthen
15. Birthplace Jackson County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Emmett Roseman

(b) Address 5305 Winslow

17. (a) Burial (b) Date thereof 4-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Callan - Kelly

(b) Address 7267 Natural Bridge

19. (a) APR 9 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1943 hour 11 minute 15 AM.

21. I hereby certify that I attended the deceased from April 5
1943 to April 6 1943
that I last saw h. ex. alive on April 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery
pathologic condition
Myocardial Infarction
Due to obstructive coronary

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

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 [Signature] (M. D. or other) DO
Address 1320 F. Leonard Rd. Date signed April 11/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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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 Edmund M. Neary
Licensed Embalmer No. 3732
P. O. Address St. Louis

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.