

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. **5440**

FILED JUN 19 1943 318

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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:  
**Christian Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 Days**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Rose L. Pannell**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **Female** / race **White** / 5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Walter C.** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **April 13, 1888**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **1** Days **30** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **House Wife**

11. Industry or business \_\_\_\_\_

12. Name **Frank Fisher**

13. Birthplace **Bohemia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Houska**

15. Birthplace **Bohemia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter C. Pannell**

(b) Address **5317 Lucus & Hunt Rd.**

17. (a) **Burial** (b) Date thereof **6/15/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Chas. J. Kron Funeral Home**

(b) Address **4911 Washington Blvd.**

19. (a) **JUN 14 1943** (Date received local registrar) **J. F. Bresnan** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Normandy**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5317 Lucus & Hunt Rd.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**  
year **1943** hour **9** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **5-24-1943** to **6-12-1943**

that I last saw him **alive** on **6-12-1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary metastatic Carcinoma** Duration **2 days**

Due to **Carcinoma Uterus** ?

Due to \_\_\_\_\_

Other conditions **48**  
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma Uterus**

Of operations \_\_\_\_\_

Of autopsy **none**

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? \_\_\_\_\_

Home \_\_\_\_\_ (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Nicholas B. Hotal** (M. D. or other) **M.D.**

Address **3861 St. Louis Ave.** Date signed **6/14/43**

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 Thomas R. Benwick.

Licensed Embalmer No. 3793.

P. O. Address St Louis 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.**