No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35806

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2302

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STATION HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Seventeen (17) Days (Specify whether
In this community Two (2) Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Indiana (b) County Madison 12

(c) City or town Anderson 0
(If outside city or town limits, write "RURAL")

(d) Street No. 131 West 12th Street
(If rural, give location)

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

If yes, name country - - - 2

3. (a) PRINT FULL NAME ARTHUR E ROSENBARGER, Jr.

3. (b) If veteran, name war World War II

3. (c) Social Security No. - - - -

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 19 (Day) 1916 (Year)

8. AGE: Years 27 Months 7 Days 12 If less than one day - - hr. - - min.

9. Birthplace Fowler (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Soldier (Pvt 1 cl)

11. Industry or business United States Army

FATHER
12. Name Arthur E Rosenbarger, Sr.
13. Birthplace New Albany (City, town, or county) Indiana (State or foreign country) 1

MOTHER
14. Maiden name Nola Cole
15. Birthplace Georgetown (City, town, or county) Indiana (State or foreign country) 1

16. (a) Informant Service and Clinical Records
(b) Address Sta Hosp, Jefferson Bks, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lafayette Ind

18. (a) Signature of funeral director Louis H Bopp Inc
(b) Address Kirkwood Mo

19. (a) OCT 13 1943 (Date received local registrar) (b) C. S. McGavron, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day Eleventh year 1943 hour 7:25 minute A M.

21. I hereby certify that I attended the deceased from September 25, 1943, to October 11, 1943 that I last saw him alive on October 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Undetermined, pending laboratory findings. ✓

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Confirmed above

Duration

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)

(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?
(Specify type of place)

While at work Sta Hosp Jefferson Bks Mo Means of injury 0

23. Signature GEORGE L ERDMAN, 1st Lt. MC (M.D. or other) MD

Address Sta Hosp, Jefferson Bks, Mo. Date signed 1

(Licensed Embalmer's Statement on Reverse Side)

11 October 1943

AUG 7 1947

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: Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Nov

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2382

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
(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 (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Arthur E. Roenbarger, Jr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 19 (Day) 19 (Year)

8. AGE: Years 27 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 11 year 1943 hour minute 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 Acute glomerulonephritis (nephrotic stage)

Due to Scarlet fever

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Autopsy, ~~Of operations~~ Acute glomerulonephritis (nephrotic stage) = histopathologic

Of autopsy diagnosis. Blood & spinal fluid cultures (post mortem) negative

Duration

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature George L. Eidman 1st Lt. M.C. (M. D. ~~or other~~)

Address Sta. Hosp. Jefferson Bks, Mo. Date signed 10/28/43

...ITE PLAINLY—USE UNFADING BLACK INK—...RMANENT RECORD

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