S. No. 2
M—5-43
. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36855

Registration District No. 213 NE 2000 Primary Registration District No. 1003 Registrar's No. 10142

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Saint Mary's Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Mos. (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town Saint Louis 9 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1517 Goode Ave.
(If rural, give location)

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

If yes, name country --- 0

3. (a) PRINT FULL NAME Charles Rosler

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro 2

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ----

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

7. Birth date of deceased Unavailable (Month) Abt. (Day) 1877 (Year)

8. AGE: Years Abt. 66 | Months - | Days - | If less than one day ___ hr. ___ min.

9. Birthplace Saint Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business ---

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. H. Blomenkamp
(b) Address 7042 Canterberry Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Saint Peter's Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) NOV 19 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1943 hour 8:00 minute P M.

21. I hereby certify that I attended the deceased from July 1st 1943, 19__, to Nov 18, 1943
that I last saw him alive on Nov 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Luccemia

Due to Bone marrow dysfunction

Due to

Other conditions 74
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 W. Alpunze (M. D. or other)

Address 2316 Market Date signed 11/19/43

(Licensed Embalmer's Statement on Reverse Side)

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

Thomas J. Gates Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.