

FILED JAN 4 1943 18

Registration District No. _____ Primary Registration District No. _____

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:
St. Anthony's 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 _____
years, months or days

3. (a) PRINT FULL NAME Rose Etta Donaldson

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 Married
 6. (b) Name of husband or wife David L. Donaldson 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased May 7 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 7 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____
 12. Name Wm. C. Hendrickson
 13. Birthplace Freehold New Jersey
(City, town, or county) (State or foreign country)
 14. Maiden name Dora Rose
 15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant David L. Donaldson
 (b) Address 223 a Eichelberger st.

17. (a) Burial (b) Date thereof Dec. 28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope cemetery

18. (a) Signature of funeral director C. Hoffmeister U.A.L.C.
 (b) Address 7814 S. Broadway

19. (a) DEC 27 1943 (b) J. F. Bruleck
(Date of final report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town St. Louis 176
(If outside city or town limits, write "RURAL") 015
 (d) Street No. 223 A. Eichelberger
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25
 year 1943 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from Nov 14, 1943, to Dec 25, 1943
 that I last saw her alive on Dec 25, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute myocarditis 1 day
 Due to _____
Amphoteric lateral Sclerosis 3 yrs.
 Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy none
 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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature J. F. Bruleck (M. D. or other) MD
 Address 4703 Virginia Date signed 12-27-43

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

1:30 - 3:00 pm - 4703 Va
920 Spacialy Re 6386
Lo 79550

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..... *Louis C. Hoffmeister*

Licensed Embalmer No..... *3871*

P. O. Address..... *7814 S. Broadway*

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.