S. No. 2
M—2-43
5-17-3
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40467

Filed JAN 3 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 14603

1. PLACE OF DEATH:

(a) County: St. Louis

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

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

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DEATH:

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis 97
(If outside city or town limits, write "RURAL")

(d) Street No.: 5423 Queens Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Elsie A. Rosch

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: Frank F. Rosch

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: August 30, 1895 (Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 21 If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: At home

11. Industry or business:

FATHER 12. Name: William Borgmann

FATHER 13. Birthplace: Black Jack (City, town or county) Mo. 0 (State or foreign country)

MOTHER 14. Maiden name: Alice Carpenter

MOTHER 15. Birthplace: New Orleans (City, town, or county) La. 0 (State or foreign country)

16. (a) Informant: Frank F. Rosch

(b) Address: 5423 Queens Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/24/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Friedens Cemetery

18. (a) Signature of funeral director: Math Hermann & Son

(b) Address: 2161 East Fair Ave

19. (a) DEC 23 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21, year 1943 hour 10:00 AM minute M.

21. I hereby certify that I attended the deceased from 12-19-43, 19..., to 12-21, 1943 that I last saw him alive on 12-21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Agranulocytosis	2 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Interval hemorrhage	
Major findings: Of operations:	
Of autopsy:	

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: [illegible] Date signed:

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Francis A Williamson

Licensed Embalmer No. 3565

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.