

FILED DEC 22 1943
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10987**

1. PLACE OF DEATH:
(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7306 Vermont /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 62 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph G. Rosner
(b) If veteran, name war _____ (c) Social Security No. 498-05-7280

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida (Dinnelo) Rosner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 9, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>4</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation Brewery Worker

11. Industry or business Brewing

12. Name George Rosner

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant _____
(b) Address 7306 Vermont

17. (a) Burial (b) Date thereof 12-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) DEC 13 1943 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town City of St. Louis 17
(If outside city or town limits, write "RURAL") 91
(d) Street No. 7306 Vermont
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th
year 1943 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from Dec 7th
P.M. 1943 to Dec 9th 1943
that I last saw him alive on Dec 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute Endocarditis 2 da
Chronic Interstitial Nephritis several years.
Acute Bronchopneumonia 5 days.

Other conditions (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? _____

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

23. Signature A. A. Mulach, M.D. (M. D. or other)
Address 7405 Mich. Av. Date signed 12/14/43

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

MOTHER FATHER

Dr. Mulock

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.....

Virgil L. Berryman

Licensed Embalmer No.....

4018

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.