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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1009

State File No. 9401

Registration District No. 818 Primary Registration District No. Registrar's No. 2669

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: St. Mary's Infirmary 0 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 36

(c) City or town New Haven (If outside city or town limits, write "RURAL") NR.

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

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

If yes, name country /

3. (a) PRINT FULL NAME William Rose

3. (b) If veteran, name war

3. (c) Social Security No. Unavailable

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Unavailable (Month) 1888 (Day) (Year)

8. AGE: Years About 55 | Months | Days | If less than one day hr. min.

9. Birthplace New Haven, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Charles Rose
13. Birthplace Unavailable, (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Alice Love
15. Birthplace Unavailable (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Donald Love

(b) Address 3620 Cook Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/21/1944 (Month) (Day) (Year)

(c) Place: burial or cremation New Haven, Missouri

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) MAR 20 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th year 1944 hour 5:25 minute A M.

21. I hereby certify that I attended the deceased from Feb 27, 1944, to March 18, 1944 that I last saw him alive on March 18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart-Disease

Due to Patent ductus Arteriosus

Due to

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

Major findings: Of operations —

Of autopsy Large heart-patent ductus arteriosus (anomaly)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 Leon A. Smart (M.D. or other)

Address 4069a Easton Avenue Date signed 3/20/1944

(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 [signature]

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.