

FILED MAY 20 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

4506

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: LUTHERAN 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 \_\_\_\_\_ (Specify whether)  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME

EMMA ROSSKOPF

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Female sex 5. White color 6. (a) Married marital status  
7. Birth date of deceased: May 17 1877 (Month) (Day) (Year)

8. AGE: Years 66 1/2 Months 5 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Warseck  
13. Birthplace Bohemia  
14. Maiden name Anna Hartmann  
15. Birthplace Germany

16. (a) Informant Charles E. Rosskopf

(b) Address 4238 Sheandale Ave

17. (a) Entombment (b) Date thereof 5-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Hope Mausoleum

18. (a) Signature of funeral director Wiegand Mortuary

(b) Address 4228 So. Kingshighway

19. (a) MAY 16 1944 (Date received local registrar) J. F. Murray (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4238 Sheandale Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1944 hour 11:45 minute P. M.  
21. I hereby certify that I attended the deceased from May 6  
1944, to May 13 - 44 - 44  
that I last saw her alive on May 13 - 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Yellow Atrophy of Liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 175

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature L. F. Murray (M. D. or other) \_\_\_\_\_

Address 900 - Russell Date signed 5-16-44

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

900 Franklin Blvd 9-10  
9-11-3

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 *Edwin M. McQuinn*

Licensed Embalmer No. *3024*

P. O. Address \_\_\_\_\_

**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.**