V. S. No. 2
100M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25750

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 1570

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town Lemay, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 128 East Etta, (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Lemay (If outside city or town limits, write "RURAL") 0
(d) Street No. 128 East Etta Avenue (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henrietta Rosner
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 widowed
6. (b) Name of husband or wife John Rosner
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased August (Month) 16th (Day) 1865 (Year)

8. AGE: Years 78 Months 11 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Gubser
13. Birthplace Unknown (City, town, or county) Unkn own (State or foreign country) 9
MOTHER
14. Maiden name Katherine Becker
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Adam Rosner, Son
(b) Address 1228 Dammert, Lemay, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7--25-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter & Paul Cemetery
18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.
19. (a) JUL 25 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd year 1944 hour 6 minute 45 A. M.
21. I hereby certify that I attended the deceased from July 18th 44, 19..., to July 22, 1944 that I last saw her alive on July 22, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. - Myocarditis	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

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? (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 0

23. Signature E. J. McGavran M.D. (M. D. or other)
Address 7606 Michigan Date signed 7/22/44

(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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Zemay Pkwy rd

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.