V. S. No. 2
00M—2-43
Rev. 5-17-39
1 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. 26551
Registrar's No. 7478

FILED SEP 8 1944

Registration District No. 818 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7405 Lyndover Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME John W. Rose
3. (b) If veteran, name war None
3. (c) Social Security No. 489-01-4624
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Essie
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Mar. 13, 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	5	12	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Auto Salesman
11. Industry or business
FATHER 12. Name John Rose
13. Birthplace / (City, town, or county) Iowa / (State or foreign country)
MOTHER 14. Maiden name Savanna Cochran
15. Birthplace / (City, town, or county) Indiana / (State or foreign country)
16. (a) Informant Essie Rose
(b) Address 7405 Lyndover Maplewood, Mo.
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof Aug. 28, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. James, Mo.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester, Maplewood, Mo.
19. (a) AUG 29 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1944 hour 12 A.M. minute M.
21. I hereby certify that I attended the deceased from July 15, 1944, to Aug 25, 1944, that I last saw him alive on Aug 25, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Right pulmonary embolism	48 hours
Due to Post operative cholecystectomy	4 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Cholelithiasis + Cholecystitis
Of autopsy None

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) No
(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 T. R. Usher (M. D. or other) M.D.
Address 2816 Sutter Blvd Date signed 8-27-44
Maplewood Mo

(Licensed Embalmer's Statement on Reverse Side)

2272

AUG 28 1956

2272

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 3454 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 1456 Manchester

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.