

FILED SEP 8 1944

State File No.

Registration District No.

Primary Registration District No. 4469

Registrar's No. 38

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emily P. Rozier

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Simon J. Rozier 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Sept. 9 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 11 13 hr. min.

9. Birthplace Ste. Genevieve Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Delis Janis

13. Birthplace Ste Genevieve Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gessner

15. Birthplace New Madrid Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Rozier
(b) Address Ste. Genevieve Mo

17. (a) Burial (b) Date thereof 8-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve Mo

18. (a) Signature of funeral director Geo C. Bayler
(b) Address Ste. Genevieve Mo

19. (a) Aug 23-44 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
year 1944 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 15
1944, to Aug 22 1944
that I last saw her alive on Aug 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Subacute MyoCarditis Duration 10 yrs

Due to Arterio Sclerosis 10 yrs

Due to

Other conditions (Include pregnancy within 3 months of death) 938

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

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 Walter H. Gessner (M. D. or other) O M.D.
Address St. Genevieve Mo Date signed 8-24-44

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

95
1
1

RECEIVED

District Health Officer No. 4
District File Number 944-4313
Date Filed 9-7-44

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 Geo. E. Baker

Licensed Embalmer No. 1985

P. O. Address St. Genevieve 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.