

No. 2
M-5-43
5-17-39
I X28671

FILED MAY 12 1945

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 hrs.
In this community 2 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis Shrewsbury
(If outside city or town limits, write "RURAL")
(d) Street No. 4131 Lenox
(If rural, give location) 91 13-NR.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MINNIE ROSENOW
3. (b) If veteran, name war —
3. (c) Social Security No. —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 29
year 1945 hour 12 minute 50 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hans Rosenow
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased January 4, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1944 to Apr 29 1945
that I last saw him alive on Apr 28 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 3 25 — hr. — min.

Immediate cause of death Cerebral Apoplexy } not known
Due to arteriosclerosis }
Hypertension }
Due to —

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

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

11. Industry or business —

Major findings: Of operations —
Of autopsy —
PHYSICIAN —
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Frank Braun
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas Darlington
(b) Address 4131 Lenox
17. (a) Removed (b) Date thereof 4-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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? —

(c) Place: burial or cremation Iring Park Blvd. Cemetery Chicago, Ill.
18. (a) Signature of funeral director Geiser Wiedner, Fun. Home, Inc.
(b) Address 426 St. Louis Ave.

While at work (Specify type of place) (c) Means of injury —
23. Signature Paul E. Warner (M. D. or other)
Address Paul Brown Bldg Date signed Apr 29-45

19. (a) APP 30 1945 (Date received local registrar)
J. F. Bredel (Registrar's signature)

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

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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..... *Delis J. Krupin*

Licensed Embalmer No..... *3497*

P. O. Address..... *1936 St. Louis*

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.