

FILED MAY 24 1945

Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one day  
(Specify whether  
In this community 5 years  
years, months or days)

3. (a) PRINT FULL NAME

Walter Rose

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex M

5. Color or race Col

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Mammie Thompson Rose

(c) Age of husband or wife if alive 51 years

7. Birth date of deceased.....

(Month) 16 (Day) 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>7</u>	<u>21</u>	hr. _____ min.

9. Birthplace.....

(City, town, or county)

(State or foreign country) Indiana 1

10. Usual occupation none

11. Industry or business none

12. Name Isaac Rose

13. Birthplace.....

(City, town, or county)

(State or foreign country) 9

14. Maiden name.....

15. Birthplace.....

(City, town, or county)

(State or foreign country) 9

16. (a) Informant wife Mammie Thompson Rose

(b) Address 436 S. Kings St. Kirkwood

17. (a) Burial (b) Date thereof 4-12-1945

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation St. Charles DeBourbons Cem.

18. (a) Signature of funeral director John H. Newkirk

(b) Address 4608 S. Johnson Ave. St. Louis

19. (a) APR 18 1945 (b) E. B. McConnon

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town So. Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 436 S. Kings  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1945 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4  
5, 1945, to 4-6, 1945

that I last saw him alive on 4-6, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated duodenal ulcer & peritonitis

Duration 2 days

Due to.....

Due to.....

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

Major findings:  
Of operations.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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.....

23. Signature Arthur P. Meagher (M. D. or other) M. D.

Address 601 Brentwood Blvd Date signed 4/6/1945

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

16  
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. *Myself*

Signed.....  
Licensed Embalmer No. *2266*  
P. O. Address *2812 Thomas St. Lewis, 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.**