S. No. 2
M—2-43
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P I X35697

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

30031

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 841

FILED JAN 23 1946

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 467

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution ?
(Specify whether years, months or days)

In this community 62 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4604 St. Ferdinand Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Rose

3. (b) If veteran, name war No

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 George E. Rose

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 12, 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) England (State or foreign country) 4

10. Usual occupation Housework

11. Industry or business _____

FATHER 12. Name Thomas Riley

13. Birthplace _____ (City, town, or county) Ireland (State or foreign country) 11

MOTHER 14. Maiden name Unknown Butler

15. Birthplace _____ (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mr. Thomas Rose

(b) Address 1907 Marcus Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1946. (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 15 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

JAN 15 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th year 1946 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 5 46, 1946 to Jan 13, 1946 and that I last saw her alive on Jan 12, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis (with acute dilatation)	10 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Senility	
Major findings: Of operations: Incarcerated Rt Femoral hernia;	
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 _____

23. Signature E. J. Jarvis (M. D. or other)

Address 607 N. Grand Date signed 1/14/46

(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 John A. Wilson

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.