

FILED MAR 1 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1678**

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: **City Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **27 yr. 10 mo. 21 ds.**
(Specify whether years, months or days) **35 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5400 Arsenal St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ROSE FOUGHT**

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

4. Sex **Female** / 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 27 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 11 20 hr. min.

9. Birthplace **Nixa Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Factory worker**

11. Industry or business _____

MOTHER FATHER { 12. Name **not known**
13. Birthplace **Missouri**
14. Maiden name **not known** (State or foreign country)
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Helma A. Singer**
(b) Address **5400 Arsenal St.**

17. (a) **BURIAL** (b) Date thereof **2/19/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT HOPE CEM.**

18. (a) Signature of funeral director **Provest Wnd Co**
(b) Address **3710 N. Grand Blvd**

19. (a) **FEB 19 1946** (b) **J. F. Prodest**
(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **17** year **1946** hour **10.40** minute **P.** M.

21. I hereby certify that I attended the deceased from **Nov. 1st 1945** to **Feb. 17 1946**, and that death occurred on the date and hour stated above. **er** alive on **Feb. 17, 1946**.

Immediate cause of death **Arteriosclerotic heart disease** Duration **5 yrsx**
Due to **Arteriosclerosis generalized**

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: **92**
Of operations _____
Of autopsy **N.O.**

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 **Cyrus Pachter** (M. D. or other) **M.D.**
Address **5400 Arsenal** Date signed **2/17/47**

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

6334

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..... *V E Morris*

Licensed Embalmer No. *3360*

P. O. Address.....

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.