

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2412

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Little Flower Retreat House
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Months
(Specify whether years, months or days)

In this community 4 years

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. 4929 Sunlight Drive
(If rural, give locality)

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

3. (a) PRINT FULL NAME Rosa Jones

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 Widow

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

7. Birth date of deceased July 24, 1861
(Month) (Day) (Year)

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

84 7 17 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Schellmann

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs. Minerva F. King

(b) Address 308 1/2 Piatt, Chillicothe Ohio

17. (a) Burial (b) Date thereof 3/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Hill Cemetery, Belleville, Ill

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) MAR 12 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1946, hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from Feb. 1st 1946 to March 11th 1946 and that I last saw her alive on March 11th 1946

Immediate cause of death Cerebral Haemorrhage Duration 5 days

Due to Chronic Myocardial Disease and Arterio-Sclerosis

Due to _____

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

Major findings: Of operations _____ 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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul B. Webb (M. D. or other) MD
Address 1915 S. Sidney Date signed 3/12/46

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

10204

JUL 12 1954

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 *W. Wilkinson*
Licensed Embalmer No. *3575*

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.