

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
9100-Argyle Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 20-Years  
years, months or days)

3. (a) PRINT FULL NAME James S. Rossen

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex MC 5. Color or race W 6. (a) Single, widowed, married, divorced M I

6. (b) Name of husband or wife Grace M 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept 21 1884  
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Booneville Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Seneth C. Rossen 4

13. Birthplace Denmark 1  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Baker 0

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

16. (a) Informant Grace M. Rossen

(b) Address 9100-Argyle Ave-Overland, Mo

17. (a) Burial (b) Date thereof 6-8-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director W. Woodson

(b) Address 2504 Woodson Rd - Overland, Mo.

19. (a) 6-10-46 (b) E. M. C. Dawson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Overland 13  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9100-Argyle Avenue 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1946 hour 3 - minute 5 P. M.

21. I hereby certify that I attended the deceased from Mar.  
11 1946, to June 6 1946  
that I last saw him alive on June 6 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure Duration 1 day

Due to Chronic myocarditis - years -

Due to Syphilis - 30 years

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None PHYSICIAN \_\_\_\_\_

Of autopsy None 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) no

(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 D

23. Signature Roy A. Kaeche M.D. (M.D. or other)  
Address 2438 Woodson Rd Date signed 6-6-46

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..... *Harold F. Brann* .....  
Licensed Embalmer No..... *4337* .....  
P. O. Address..... *Oakland, Va* .....

**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.**