

No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED JUL 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. 22146
5805
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3540 a Gravois ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years
In this community 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3540 a Gravois
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dorothea C. Rose
3. (b) If veteran, name war No.
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 29th.
year 1946 hour 11 minute 50 A.M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 9th, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1, 1946 to June 28, 1946
that I last saw her alive on June 28, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 5 Days 20
If less than one day hr. min.

Immediate cause of death: Cerebral Hemorrhage
Due to: Hypertension
Due to: 95

9. Birthplace Hermann Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

Other conditions: Cardiac failure
(Include pregnancy within 3 months of death)
Major findings: congestive original

11. Industry or business
12. Name Hy. Beckmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elisabeth Danoser
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Of autopsy

16. (a) Informant Edward C. Rose
(b) Address 5715 So. Broadway
17. (a) Cremation (b) Date thereof: 7-2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director J. Schumacher
(b) Address 3013 Meramec
19. (a) Jul 1 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) Means of injury
23. Signature Herbert J. Rudin
Address 3532 S. ... Date signed 7/1/46

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

MOTHER FATHER

Rudi

Dr. Huddle.

LA 3333

3532 APPALOIS

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 Francis Williamson

Licensed Embalmer No. 3565

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.