No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7333

Registrar's No. 273

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: 10028 Driver Ave
(If not in hospital or institution, write street number or location)

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

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. 10028 Driver Ave 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Evelyn M. rose

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 Divorced

6. (b) Name of husband or wife .....

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

7. Birth date of deceased March (Month) 14 (Day) 1896 (Year)

8. AGE: Years 50 Months 10 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Owner of Rose Cafe

11. Industry or business .....

FATHER
12. Name Andrew Rose
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Annie West
15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Artye Brown
(b) Address 10028 Driver Ave Overland Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 8 (Day) 1947 (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd

19. (a) 2-10-47 (Date received local registrar) (b) Ruth Fallen MD (Registrar's signature) MSW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1947 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from 1-21, 1947, to 2-5, 1947
that I last saw her alive on 2-5-47, 19..;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Myocarditis Coronary Sclerosis	
Due to: Diabetes Mellitus	
Due to:	
Other conditions (Include pregnancy within 3 months of death) 61	

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature L. Hayden (M. D. or other) MD
Address 5899 Delmar Date signed 2/7/47

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1947

2-4 P.M.
6345 Washington
Ca. 1662

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. Mlinar

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.