

S. No. 2
1-12-45
S-17-39
X47070

FILED APR 8 1947

Registration District No. **8418**

Primary Registration District No. **1003**

Registrar's No. **2333**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ROSE SAMBO

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 WIDOW

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 4 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>6</u>	<u>19</u>	hr. min.

9. Birthplace Austria-Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name John Eberhardt

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

14. Maiden name Mary Robert

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St.

17. (a) BURIAL (b) Date thereof 3-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Gullen-Kelly

(b) Address 4386 Embell

19. (a) MAR 28 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County bas

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. Florissant & Hebert (Little Sisters)
3225 N. Florissant (If rural, give location of the poor.)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1947 hour 9:15 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Mar 11
5, 1947, to Mar 23, 1947
that I last saw her alive on Mar 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy due to
Hypertensive cardiovascular disease

Due to _____

Due to _____

Other conditions Generalized arterio-
Sclerosis
(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)

(c) Means of injury _____

23. Signature John E. Kelly (M. D. or other) M.D.
Address 5600 Arsenal Date signed 3/24/47

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.....

Tom Carter

....., Registered Apprentice No. *500*

working under my personal supervision.

Signed *Howard F. Rowland*

Licensed Embalmer No. *3114*

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.