

FILED APR 14 1947

Registration District No. **377**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay, 23
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2407 Telegraph Road 1
(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
(c) City or town Lemay, 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2407 Telegraph Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PETER ROSENER

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie Rosener
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased December 13, 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 18
If less than one day _____ hr. _____ min.

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

10. Usual occupation Stone mason

11. Industry or business unemployed

MOTHER FATHER { 12. Name Adam Rosener
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Christine Hoffmann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Rosener
(b) Address 2407 Telegraph Rd.
17. (a) burial (b) Date thereof 4/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn cemetery
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) 4-4-47 (b) Paul R. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Jan 1
_____ 1947, to 3/30 _____ 1947
that I last saw him alive on 3/29 _____ 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Larynx
Duration 5 mo

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

Major findings:
Of operations _____
Of autopsy _____

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? no (Specify type of place) _____
(e) Means of injury _____
3. Signature Over M. [Signature] (M. D. or other) MD
Address 7606 Milling Date signed 3/31/47

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

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..... *Oliver E. Fendley*

Licensed Embalmer No. *4148*

P. O. Address..... *Seneca 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.