No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3241

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 108

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1465 Arlington 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
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. 1465 Arlington Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rosa Katherine Wich

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 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 17 (Day) 1852 (Year)

8. AGE:

Years	Months	Days	If less than one day
95	7	17	20 hr. 30 min.

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

10. Usual occupation Not employed

11. Industry or business

FATHER
12. Name John Armbruster
13. Birthplace Baudish (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Marie Kramer
15. Birthplace Baden (City, town, or county) Germany (State or foreign country)

16. (a) Informant Annie Wich
(b) Address 1465 Arlington Ave., St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sts. Peter & Paul

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Rd., St. Louis 17, Mo.

19. (a) JAN 6 1948 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from August, 1945 to January 4, 1948
that I last saw her alive on January 4, 1948, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	uncertain
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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

23. Signature [signature] (M. D. or Coroner)

Address 539 N. Grand Blvd., Date signed 1-5-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.