No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6956

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2007

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 4888 Cartery 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 55 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1026 Hornsby 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 8 0

If yes, name country

3. (a) PRINT FULL NAME Hedwig Rossberg

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

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

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

7. Birth date of deceased April (Month) 18 (Day) 1866 (Year)

8. AGE: Years 81 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Saxony (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Karl Mehlhorn
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Susan Haas
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Martha Vieth
(b) Address 4888 Carter

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.

19. (a) FEB 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th
year 1948 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb 1946 to Feb 25 1948
that I last saw her alive on Feb 25 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	5 days
Due to arteriosclerotic cordis vascular disease	10 yrs.
Due to age	
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 0

23. Signature C. H. Lindeman (M. D. or other) MD

Address 4126 Shrew Date signed 2/26/48

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 Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address .....

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.