No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17751

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4409

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Infirmary Hospital . 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 224-46/5-9-48 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 5800 Arsenal St. 9
(If rural, give location)

(e) Citizen of foreign country? 13 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Rose Lamversick

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 Married

6. (b) Name of husband or wife

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

7. Birth date of deceased 5 (Month) 3 (Day) 1876 (Year)

8. AGE: Years 72 Months 0 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Barthan
13. Birthplace St. Louis. (City, town, or county) 0 (State or foreign country)

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

16. (a) Informant City Infy. Hospital.
(b) Address 5800 Arsenal St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 12-48 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director Thos Lutis & Son
(b) Address 2906 Gravois Ave

19. (a) MAY 11 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5- day 9-
year 1948 hour 10 minute 45p. M.

21. I hereby certify that I attended the deceased from 5 1 1948, to 5 - 9- 1948
that I last saw her alive on 5- 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to 107

Due to

Other conditions Dementia Praecox
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Warren C. Lewis (M. D. ~~or other~~) 0
Address 5600 Arsenal Date signed 5-10-48

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.....Leo J. Budde.....

Licensed Embalmer No. 3989

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.