FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21348

Registrar's No. 5711

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 On arrival at City Hosp. (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 000

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

(d) Street No. 4715 Thrush Ave. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 7

If yes, name country

3. (a) PRINT FULL NAME Rose M. Sizemore

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 2

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 1880 (Day) (Year)

8. AGE: Years abt. 67 | Months — | Days — | If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Henry Mueller
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

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

16. (a) Informant Mr. Harry Lepping (Nephew)

(b) Address 4715 Thrush Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/48 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director M. J. Croghan & Sons

(b) Address 7146 Manchester Ave.

19. (a) JUN 25 1948 (Date received local registrar) (b) J. F. Broneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd year 1948 hour 6:35 minute A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Gun-shot wound of skull and brain, self inflicted, when found in rear yard of her home, on June 23,1948, -(exact time unknown.) Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 164

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) Suicide

(b) Date of occurrence 6-23-1948

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? no (e) Means of injury See above

23. Signature Patrick E. Taylor Dep. Cor. (M. D. or other)

Address 1300 Clark 3 Date signed 6-25-48

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.....

Licensed Embalmer No. 4053

P. O. Address St. Louis

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.