

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether
In this community _____
years, months or days)

3: (a) PRINT FULL NAME Peter J Rose
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Laura E Rose 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased October 19, 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 23 If less than one day hr. min.

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

10. Usual occupation Executive
11. Industry or business Frisco Railroad

MOTHER FATHER { 12. Name Anthony Rose
13. Birthplace not known Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Erd
15. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Rose
(b) Address 2665 Telegraph Road
17. (a) burial (b) Date thereof 7/16.48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director John L Ziegenhein & Sons
(b) Address 7072 Gravois

19. (a) JUL 15 1948 (b) J. F. Bredeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Lemay Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2565 Telegraph Road
(If rural, give location) U.R.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1948 hour 16 minute 40 P.M.
21. I hereby certify that I attended the deceased from 12-27
1947 to 7-12 1948;
that I last saw him alive on 7-12 1948;
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Failure Duration 1 wk.

Due to Subacute Myocardial Infarction
Due to Pl. also had myocardial infarction 6 months ago.
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Generalized peritonitis
Of operations _____
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none
While at work? none (Specify type of place)
(e) Means of injury _____
23. Signature Dr. J. P. ... (M. D. or other)
Address 3251 ... Date signed 7-14-48

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

18

2024

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravo

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.