No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 28 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24662
Registrar's No. 6307

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: De Paul Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2644 Chippewa St.
(If rural, give location)
24
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas G. 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 Clara Rose
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased August (Month) 19 (Day) 1885 (Year)

8. AGE: Years 62 Months 10 Days 25 If less than one day hr. min.

9. Birthplace St. Louis Mo () (City, town, or county) (State or foreign country)
10. Usual occupation Engineer
11. Industry or business City
FATHER
12. Name George E. Rose
13. Birthplace England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Riley
15. Birthplace England (City, town, or county) (State or foreign country)
16. (a) Informant Clara Rose
(b) Address 2644 Chippewa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) JUL 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1948 hour 6. minute 45 A. M.

21. I hereby certify that I attended the deceased from June 7, 1948 to July 14, 1948
that I last saw him alive on July 13, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	1 Day
Carcinoma Stomach	3-4 mo
Due to	
Due to	
Other conditions Duodenal fistula (Include pregnancy within 3 months of death)	2 Days

Major findings: Of operations Carcinoma Stomach (Pylorus)
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 Everett J. Jaraux (M. D. or other)
Address 607 No Grand Blvd Date signed 7/15/48

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 John A. Mlenar

Licensed Embalmer No.....

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.