No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24665

FILED JUL 22 1948 318

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 6276

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 2526 Hebert St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

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

(d) Street No. 2536 Hebert St
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Selma Rosner

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

6. (b) Name of husband or wife Late Max Rosner

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

7. Birth date of deceased April (Month) 12 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
65	3	0	____ hr. ____ min.

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

10. Usual occupation Unemployed

11. Industry or business ____

FATHER
12. Name Charles F Schmidt
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Pleitner
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant George Rosner
(b) Address 5322a Patton Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Natural Bridge Blvd

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1948 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 19 48 to July 12 19 48 that I last saw him alive on July 12 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Carcinomatosis	4 mo
Due to Primary Carcinoma ovary	?
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy not done

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 C. N. Lindemann (M. D. or other) DO
Address 4126 Shreve Date signed 7/13/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

4106 Arsenal Place
12-3 a.m.

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 Ralph C. Linders

Licensed Embalmer No. 4215

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.