FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

38025

State File No.

FILED DEC 14 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10570

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

1. PLACE OF DEATH:

(a) County

(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 Infirmary Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/10/48 to 12/5/48 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. 4002a Maffitt Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ROSE ~~De LILLIE~~ De Lille

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race White

6. (a) Single, widowed, married; divorced Widow 2

6. (b) Name of husband or wife Phillip

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

7. Birth date of deceased Oct (Month) 21 (Day) 1868 (Year)

8. AGE: Years 80 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name Unknown 4

13. Birthplace Germany (City, town, or county) Unknown (State or foreign country) 1

14. Maiden name

15. Birthplace Germany (City, town, or county) (State or foreign country) 1

16. (a) Informant Alfred Flaskamper

(b) Address 4002a Maffitt Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-7-48 (Month) (Day) (Year)

(c) Place: burial or cremation St Peter & Paul

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Kingsland Blvd

DEC 6 1948 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec. 11 day 5 50 P
year 1948 hour minute Aug M.

21. I hereby certify that I attended the deceased from 10 48 Dec. 5 48
er 19 to Dec. 5 19 48
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis, left lung — Duration 48

Due to Aortic Aneurysm, luetic

Due to Generalized Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 3 d

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 Masao Ohmoto (M. D. or other)

Address 5800 Arsenal Date signed 12/6/48

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 W M Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.

C

State of ..... } ss.
County of ..... }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 38025-48
Local Registrar's No. 10570.

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for Rose De Lille, died ~~born~~ 12-5-, 19 48 in the State of
Missouri, and which ~~was~~ filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Rose De Lille
Instead of " De Lille

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Alfred Flackamper
Relationship.

4002 A Maffitt Ave.
Present Address.

Subscribed and sworn to before me this 7 day of Sept., 194 9.

My Commission expires My Commission Expires March 4th, 1953 Ira C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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