S. No. 300
OM—10-47
ev. 5-17-39
I 3906

WRITE PLAINLY—USE 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. 38965

FILED DEC 4 1948

Registration District No. 3787

Primary Registration District No. 6076

Registrar's No. 2502

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4710 Forman Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Affton 4
(If outside city or town limits, write "RURAL")

(d) Street No. 4710 Forman Road 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Rosa A. Hell

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Peter Hell

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

7. Birth date of deceased September 14, 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Rolla (City, town, or county) Missouri U (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Funke

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

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. Wm. H. Baisch

(b) Address 4710 Forman Road, Affton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Beiderwieden F.H.Inc.

(b) Address 1936 St. Louis Avenue

19. (a) 11-9-48 (Date received local registrar) (b) Cecil A. Z. Sharp, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th
year 1948 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 1, 1947 to Nov 7, 1948;
that I last saw h. alive on Nov 5, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	7
Due to:	
Due to: 93A	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

(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 0

23. Signature [illegible] (M. D. or other)

Address 6819 Groves Date signed 11/8/48

(Licensed Embalmer's Statement on Reverse Side)

Dr H. A. [illegible]
6811a [illegible]
2-3-7-8

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.