

FILED JAN 11 1949 **318**

Registration District No. _____

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No. _____

State File No. **41794**

Registrar's No. **11241**

WRITE PLAINLY—USE 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:
Jewish Hospital
(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 56 years

3. (a) PRINT FULL NAME Julia Rose

3. (b) If veteran, name war _____
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 23, 1892
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 4
If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business Household

12. Name Oscar Rose
 13. Birthplace ? Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Julia Haupt
 15. Birthplace ? New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura McHenry
 (b) Address 5568 Waterman

17. (a) Burial (b) Date thereof 12/29/1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. HOME, INC.
 (b) Address 1936 St. Louis Avenue

19. (a) DEC 28 1948 (b) J. B. Karater
(Date received local registrar) (Registrar's signature)

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. 5568 Waterman
12 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th
 year 1948 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 5/8/41
 _____, 19____, to 12/27, 1948
 that I last saw h. OK alive on 12/27, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL EMBOLUS
 Duration 2 DAYS

Due to RHEUMATIC HEART DISEASE WITH MITRAL STENOSIS
 MANY YEARS

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 9/21
 1 Of operations _____
 Of autopsy 1) DRAIN SOFTENING - LEFT PARIETAL
2) RHEUMATIC HEART - MITRAL STENOSIS
 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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Nancy Agnew (M. D. or other) MD
 Address 634 N. Grand Date signed 12/28/48

Dr. Harry Agress
Missouri Theatre Bldg.

Room No. 1045

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.....

May L. Wapfel

Licensed Embalmer No. *4720*

P. O. Address *1730 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.