

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3191
630
Registrar's No. 1003

BIRTH NO.		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Stephenson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pearl City		6977 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) James		c. (Last) Rosenstiel	
4. DATE OF DEATH (Month) (Day) (Year) Jan 20 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH March 11, 1881		9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		11. BIRTHPLACE (State or foreign country) Stephenson, Co., Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME William Rosenstiel		13b. MOTHER'S MAIDEN NAME Sarah Johnson		14. NAME OF HUSBAND OR WIFE Mable Rosenstiel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Rosenstiel, Pearl City, Ill.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC FAILURE; CARCINOMA OF THE LUNG ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY INSUFFICIENCY DUE TO (c) EXPLORATORY THORACOTOMY II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EDEMA, MILD				INTERVAL BETWEEN ONSET AND DEATH 6 MOS. ? 2 DAYS 2 DAYS	
19a. DATE OF OPERATION 18 JAN '49		19b. MAJOR FINDINGS OF OPERATION INOPERABLE CARCINOMA OF LUNG				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Jan. 10, 1949, to Jan. 20, 1949, that I last saw the deceased alive on Jan. 20, 1949, and that death occurred at 3:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Henry Plummer M.D.				23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 1/20/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-21-49		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) (State) Stephenson Co., Ill.	
DATE REC'D BY LOCAL REG. JAN 21 1949		REGISTRAR'S SIGNATURE J. B. Rasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... Eelou R. Remelius.....

Licensed Embalmer No. 4283.....

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.