

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6616**
1350

FILED FEB 23 1949

BIRTH NO. _____ REG. DIST. NO. **318** 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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AFTON	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 4700 Stone, Afton, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Ernie	b. (Middle) W.	c. (Last) Rose	4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29, 1897	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner	10b. KIND OF BUSINESS OR INDUSTRY Tavern Owner	11. BIRTHPLACE (State or foreign country) Pevely, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry Rose	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Florence Rose
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XX	16. SOCIAL SECURITY # 94-09-4608	17. INFORMANT'S SIGNATURE OR NAME Florence Rose	ADDRESS 4700 Stone, Afton, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary of Lewy		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis		6 mo
	DUE TO (c) Carcinoma of Pancreas		6 mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis			6 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Afton (COUNTY) St. Louis (STATE)
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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"/>	21f. HOW DID INJURY OCCUR? 15 ft
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22. I hereby certify that I attended the deceased from **12/20**, 19**48**, to **2/11**, 19**49**, that I last saw the deceased alive on **2/9**, 19**49**, and that death occurred at **11** a.m., from the causes and on the date stated above.

23a. SIGNATURE George J. Mcken (Degree or title) M.D.	23b. ADDRESS 3903 Olive	23c. DATE SIGNED 2/11/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 14, 1949	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. Feb 12 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Mcken Heldner	ADDRESS 411 P.C. 3634 Gravois.
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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 *Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *Louis Me*

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.