

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

7047

State File No. ....

No. 300  
10.48

FILED MAR 8 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 326

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Manchester</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellston Rural</b>	
c. LENGTH OF STAY (In this place) <b>3 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>XXXXX</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Manchester Nursing Home 4</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rosella</b>	b. (Middle) <b>Cline</b>	c. (Last) <b>Webb</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 5 1949</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>May 9 1865</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>27</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <b>Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>David (Deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John C. Kloepfner</b> ADDRESS <b>St. Louis-21-Mo. 1516-Ferguson Ave.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chr. myocarditis</b>		
	DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Sev'l arteriosclerosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (COUNTY) (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?
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22. I hereby certify that I attended the deceased from Feb 19 1946 to Feb 5 1949, that I last saw the deceased alive on Feb 4 1949, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <b>Chas. J. ...</b>	23b. ADDRESS <b>Creve Coeur, Mo</b>	23c. DATE SIGNED <b>2-5-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-7-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Wellston, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-7-49</b>	REGISTRAR'S SIGNATURE <b>Theresa ...</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>William Bro. ...</b> ADDRESS <b>2504 Woodson Rd - Overland-14-Mo.</b>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

9600

51681  
C. D. H.

**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.

Signed Oscar F. Mueller

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.