No. 300
10.48

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10581

State File No. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 2642

1. PLACE OF DEATH

a. COUNTY

b. CITY OR TOWN: St. Louis (If outside corporate limits, write RURAL and give township)

c. LENGTH OF STAY (in this place): 0

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Lane Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Mo

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 17

d. STREET ADDRESS (If rural, give location): 4147 W. Lee Ave

3. NAME OF DECEASED (Type or Print)

a. (First): Helen b. (Middle): R. c. (Last): Rosch

4. DATE OF DEATH (Month) (Day) (Year): March 20 1949

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 14 1895

9. AGE (In years last birthday): 53 IF UNDER 1 YEAR: Months 11 Days 6 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Louis Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Springer

13b. MOTHER'S MAIDEN NAME: Sean

14. NAME OF HUSBAND OR WIFE: Paul H. Rosch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Paul H. Rosch ADDRESS: 4147 W. Lee Ave

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Perforated gallbladder — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Empyema of gallbladder

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Stomach bound down with adhesions. Ruptured gallbladder with stones.

20. AUTOPSY? YES ☐ NO ☒

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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-15- *, 19* 49 *to* 3-20- *, 19* 49 *, that I last saw the deceased alive on* March 20 *, 19* 49 *, and that death occurred at* 4:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS: 4930 Lindell Blvd.

23c. DATE SIGNED: 3-22-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 23 1949

24c. NAME OF CEMETERY OR CREMATORY: Lake Charles

24d. LOCATION (City, town, or county) (State): St. Louis Co MO

DATE REC'D BY LOCAL REG. MAR 25 1949 REGISTRAR'S SIGNATURE: J. B. Sander

25. FUNERAL DIRECTOR'S SIGNATURE: Calvin F Futz ADDRESS: 4828 Nat Bridge Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

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 John A. Milner

Licensed Embalmer No. 4986

P. O. Address .....

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.