

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28492
7729

318

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|---|-------------------------------|---|--|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | | c. LENGTH OF STAY (In this place) _____ | | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>6203 Walsh St.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>6203 Walsh St.</u> | | | | |
| 3. NAME OF DECEASED a. (First) <u>CHARLES</u> | | b. (Middle) <u>E.</u> | | c. (Last) <u>ROSSKOPF</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sep't. 5 1949</u> | | |
| 5. SEX <input checked="" type="checkbox"/> Male | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | | 8. DATE OF BIRTH <u>May 23, 1874</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u> | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pressman (Retired)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | | |
| 13a. FATHER'S NAME <u>John Rosskopf</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Susan Heistand</u> | | 14. NAME OF HUSBAND OR WIFE <u>Late Emma Rosskopf</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen Barker 6201 Walsh St.</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. myocarditis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>St. Louis Mo.</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | |
| 22. I hereby certify that I attended the deceased from <u>8/20</u> , 19 <u>49</u> , to <u>9/5</u> , 19 <u>49</u> that I last saw the deceased alive on <u>9/3</u> , 19 <u>49</u> , and that death occurred at <u>8:30</u> a.m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>W.F. Neuman M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>5203 Chippewa</u> | | 23c. DATE SIGNED <u>9/6/49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u> | | 24b. DATE <u>Sep. 8, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Mausoleum</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>SEP 6 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Sauter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u> | | | | |

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

✓ 1103 Charles Pearson Jr.

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

Edwin A. M. Perryott

Licensed Embalmer No.

3024

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.