

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3341

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3062</u>		Registrar's No. <u>268</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u>		c. LENGTH OF STAY (In this place) <u>1 YEAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u>		<u>4510</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2925 Brazeau</u>				d. STREET ADDRESS (If rural, give location) <u>2925 Brazeau</u>					
3. NAME OF DECEASED (Type or Print) <u>CATHERINE</u>			a. (First) _____ b. (Middle) <u>D.</u> c. (Last) <u>ROOS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30th, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr. 20, 1881</u>			
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>10</u>		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Shrewsbury Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Thomas Madden</u>			13b. MOTHER'S MAIDEN NAME <u>Bridget ?????</u>			14. NAME OF HUSBAND OR WIFE <u>Alexander Roos</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alexander Roos</u>				ADDRESS <u>2925 Brazeau Brentwood, Mo.</u>	
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) <u>Brain tumor</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Junior Malignant Glioma</u> DUE TO (c) <u>Major & nervous tissue</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>176X</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) <input checked="" type="checkbox"/>		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) (Min.)		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>Jan 24, 1945</u> to <u>Sept 15, 1945</u> , that I last saw the deceased alive on <u>Jan 27, 1950</u> , and that death occurred at <u>10:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. D. Scott M.D.</u>				23b. ADDRESS <u>436 Manchester</u>		23c. DATE SIGNED <u>1-31-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/2/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-31-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith</u>			ADDRESS <u>7450 Manchester Rd. Maplewood, Mo.</u>	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed J. Burgess

Signed.....
Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.