

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 28605  
7525  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis,** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis,** **2109**

d. FULL NAME OF HOSPITAL OR INSTITUTION **4048 Penrose Avenue** d. STREET ADDRESS (If rural, give location) **10 4048 Penrose Avenue**

3. NAME OF DECEASED a. (First) **Tillie** b. (Middle) **M.** c. (Last) **Rose** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 2, 1950**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed 2** 8. DATE OF BIRTH **Feb. 4, 1870** 9. AGE (in years last birthday) **80** Months Days 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) **Labadie, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unk.** 13b. MOTHER'S MAIDEN NAME **Unk.** 14. NAME OF HUSBAND OR WIFE **Unk.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Miss Viola Rose, 4048 Penrose Avenue** ADDRESS \_\_\_\_\_

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, asthma, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Hypertensive Heart Disease** INTERVAL BETWEEN ONSET AND DEATH **? years**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
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 \_\_\_\_\_ 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **443X**

22. I hereby certify that I attended the deceased from **8-3-** 19**47**, to **9-2-** 19**50**, that I last saw the deceased alive on **9-2-** 19**50**, and that death occurred at **9:20** m., from the causes and on the date stated above.

23a. SIGNATURE **Albert Kaplan MD** (Degree or title) 23b. ADDRESS **607 N. Grand** 23c. DATE SIGNED **9-2-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **Sept. 5, 1950** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri.**

DATE REC'D BY LOCAL REG. **SEP 5 1950** REGISTRAR'S SIGNATURE **J. B. Sauter** 25. FUNERAL DIRECTOR'S SIGNATURE **Math Hermann & Son, Inc.** ADDRESS **2161 E. Fair Ave.**

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.....  
Student Embalmer

Signed Homer W. Truity

Licensed Embalmer No. 38820

P. O. Address St. Louis, 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.