

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 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, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2190	
c. LENGTH OF STAY (in this place) 24 years		d. STREET ADDRESS (If rural, give location) 6 19 4152 Westminster Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) MAROSE c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 22nd, 1950	
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH May 26 1872
9. AGE (In years last birthday) 78		10. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Chicago, Illinois /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Edward Koppitke		13b. MOTHER'S MAIDEN NAME Pauline (Unknown)		14. NAME OF HUSBAND OR WIFE Charles A. Marose	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Chas. A. Marose, 4152 Westminster Pl.	

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) Laennec's Cirrhosis		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) _____ 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 <input type="checkbox"/> NO <input 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)	
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? 5811	

22. I hereby certify that I attended the deceased from 11/19/50, 19\_\_, to 11/22/50, 19\_\_, that I last saw the deceased alive on 11/22/50, 19\_\_, and that death occurred at 12:15am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Spencer Payne, M.D.		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 11/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 25 1950		24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL BOARD 24 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F. H. INC. 936 St. Louis 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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St. Louis Ave

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.