

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38614**
 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4461 Registrar's No. 371

1. PLACE OF DEATH a. COUNTY <u>ST FRANCOIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ST FRANCOIS</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>BISMARCK</u>		c. LENGTH OF STAY (in this place) <u>10yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>BISMARCK MO.</u>		d. STREET ADDRESS (If rural, give location) <u>110</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Rosenstengel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 11 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10/15/1863</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROADER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>DOE RUN, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ADAM ROSENSTENGEL</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA COCHAM</u>	14. NAME OF HUSBAND OR WIFE <u>MARtha AVANDA ROSENSTENGEL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Allie Pilling Bismarck 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac Asthma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio Sclerosis</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
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</u>			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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>July 1</u> , 1951, to <u>Nov 10</u> , 1951, that I last saw the deceased alive on <u>Nov 10</u> , 1951, and that death occurred at <u>6:45A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. W. Hoffmann</u>			23b. ADDRESS <u>Bismarck MO</u>		23c. DATE SIGNED <u>Nov 16-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/14/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow</u>	24d. LOCATION (City, town, or county) (State) <u>DOE RUN MO.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 16, 1951</u>	REGISTRAR'S SIGNATURE <u>Esther Rudolph</u> 284		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John N. Shipman Bismarck, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 15 1951

RECEIVED

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 _____

John N. Shipman

Student Embalmer No. *415*

working under my personal supervision.

Student

John N. Shipman
Student Embalmer

Signed

Everett Smith

Licensed Embalmer No. *4287*

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.