

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3256**  
**0984**

FILED FEB 14 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS, MISSOURI</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>4438a Holly Avenue, 15,</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b> b. (Middle) <b>ROLLA</b> c. (Last) <b>ROSE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 29 52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>February 6th, 1898</b>
9. AGE (In years last birthday) <b>53</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fir. Captain</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Rella Rose</b>	
13b. MOTHER'S MAIDEN NAME <b>Minnie Schriber</b>		14. NAME OF HUSBAND OR WIFE <b>Ann C. Rose nee Sullivan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes World War # I</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ann C. Rose, 4438a Holly Avenue, 15.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Glomerulonephritis, Acute exacerbation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 mo.</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Uremia</b>	
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)			
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? <b>593X</b>			
22. I hereby certify that I attended the deceased from <b>1/27</b> , 19 <b>52</b> , to <b>1/29</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1/29</b> , 19 <b>52</b> , and that death occurred at <b>8:25A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>David Neff Keiser</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>	
23c. DATE SIGNED <b>1/29/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2/1/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hiram Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>FEB 1 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz</b>		ADDRESS <b>4828 Natural Bridge Blvd.</b>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John A. Miller

Licensed Embalmer No. 4186

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.