

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **2572**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2249</b>	
c. LENGTH OF STAY (in this place) <b>10 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>3951 OHIO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b>		b. (Middle)		c. (Last) <b>ROSENER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 17, 1952</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>DEC. 4 1877</b>	
9. AGE (In years last birthday) <b>74</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WIDOW</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>AUGUST GRITHER</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>	

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. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>CHARLES ROSENER</b>		ADDRESS <b>3951 OHIO</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>UNKNOWN (NO POST MORTEM EXAMINATION)</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 checked="" type="checkbox"/>	
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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)	
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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>321X</b>	
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22. I hereby certify that I attended the deceased from **3-7-52**, 19\_\_\_\_, to **3-17-52**, 19\_\_\_\_, that I last saw the deceased alive on **3-17-52**, 19\_\_\_\_, and that death occurred at **12:35P m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>William J. Hamrick</i>		(Degree or title)		23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>3-17-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>MAR 20 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BETHANIA CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
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DATE REC'D BY LOCAL REG. <b>MAR 18 1952</b>		REGISTRAR'S SIGNATURE <i>Charles Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas Kutie</i>		ADDRESS <b>2906 Beavoie</b>	
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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

*James E. Hill*

Licensed Embalmer No. *43471*

P. O. Address *2906 Travis*

**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.