

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22573

State File No.

Registrar's No. 6118

FILED JUL 15 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 6118					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 1 day			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2019				
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital				d. STREET ADDRESS (If rural, give location) 8907 S. Broadway									
3. NAME OF DECEASED (Type or Print)		a. (First) Robert		b. (Middle) O.		c. (Last) Rosen		4. DATE OF DEATH (Month) (Day) (Year) June 27, 1952					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 4, 1886		9. AGE (In years last birthday) 66		10. F UNDER 1 YEAR Months Days		11. F UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician				10b. KIND OF BUSINESS OR INDUSTRY Self-Retired				11. BIRTHPLACE (State or foreign country) Page, Texas		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Oscar Rosen				13b. MOTHER'S MAIDEN NAME Hedwig Gotwald				14. NAME OF HUSBAND OR WIFE Caroline					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Caroline Rosen 8907 S. Broadway							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Car Liver ANTECEDENT CAUSES Rectal Cancer 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. Myocardial failure								INTERVAL BETWEEN ONSET AND DEATH 9 mos. 2 1/2 years 6 mos.			
19a. DATE OF OPERATION Aug 1950		19b. MAJOR FINDINGS OF OPERATION Rectal Cancer								20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 154X							
22. I hereby certify that I attended the deceased from 7-29-50 , 19 50 , to 6-27 , 19 52 , that I last saw the deceased alive on 6-27 , 19 52 , and that death occurred at 11:35 PM , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) R. Bachmeyer M.D.				23b. ADDRESS 4703 4 Virginia				23c. DATE SIGNED 6/28/50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 30, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery				24d. LOCATION (City, town, or county) (State) 2000 Lemay Ferry Road					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 30 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway							

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

Handwritten text, possibly a name or date, mostly illegible.

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

Linus C. Hoffmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.