

FILED MAR 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **8333**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>500</b>		Registrar's No. <b>646</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ste. Genevieve</b>			
b. CITY OR TOWN <b>Lemay</b>		c. LENGTH OF STAY (in this place) <b>13 days</b>		c. CITY OR TOWN <b>Bloomsdale</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mt. St. Rose Sanatorium</b>				e. STREET ADDRESS (If rural, give location) <b>0950</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b>			b. (Middle) <b>Marie</b>		c. (Last) <b>Kertz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 25, 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Sept. 14, 1927</b>	9. AGE (In years, last birthday) <b>25</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bloomsdale, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Leonard Kertz</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Drury</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no. or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Leonard Kertz, Bloomsdale, Mo.</b> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>9 yrs</b>	
		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 <b>002X</b>				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) (Min.)		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 <b>July</b> , 19 <b>50</b> , to <b>Feb 25</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Feb. 28</b> , 19 <b>53</b> , and that death occurred at <b>3:40a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Masao Okamoto, M.D.</b>				23b. ADDRESS <b>607 N. Grand</b>		23c. DATE SIGNED <b>Feb. 25, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-25-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Philomena</b>		24d. LOCATION (City, town, or county) (State) <b>Bloomsdale, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>2-25-53</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Domb...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hubert H. Hoppe</b> ADDRESS <b>4700 Washington Blvd.</b>			

P.T. (Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 36

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.