

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12244

State File No. ....

FILED APR 4 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3100

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>Missouri, St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2019</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3612 Iron St.</b>		d. STREET ADDRESS (If rural, give location) <b>3612 Iron St.</b> <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard H. Rose</b> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>March 20, 1953</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>Apr. 29, 1900</b>
9. AGE (In years last birthday)		10. UNDER 1 YEAR Months Days	
<b>52</b>		<b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supervisor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SouthwesternRR.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>Fred Rose</b>		13b. MOTHER'S MAIDEN NAME <b>Marie W. Sitel</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Rose</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>702-12-9445</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elizabeth Rose 3612 Iron St.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Stomach</b> <b>&amp; large bowel.</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
18. INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>			
19a. DATE OF OPERATION <b>9-22-52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of the Stomach &amp; Colon</b>		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)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>151X</b>	
22. I hereby certify that I attended the deceased from <b>July 1948</b> , to <b>Mar 20, 1953</b> , that I last saw the deceased alive on <b>Mar 20, 1953</b> , and that death occurred at <b>820P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert A. Brenner M.D.</b> (Degree or title)		23b. ADDRESS <b>5417 South Grand</b>	23c. DATE SIGNED <b>3-21-53</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-23-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Galvary Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>MAR 23 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>6822 S. GRAND BLVD.</b> <b>ST. LOUIS, MO.</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. Rund

12 to 3 p.m.

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**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

*King of the Forest*

Licensed Embalmer No. 4242

P. O. Address 6727 de Beaulieu

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.