

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

16662

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>500</u>	Registrar's No. <u>1194</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Hanley Hills</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>	c. CITY OR TOWN <u>Hanley Hills</u> <u>4280</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2006 N. Hanley Road</u>		e. STREET ADDRESS (If rural, give location) <u>2006 N. Hanley Road</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u>		b. (Middle) <u>L.</u>	c. (Last) <u>ROSEBROUGH</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 13, 1890.</u>	9. AGE (In years last birthday) <u>62</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>us</u>				
13a. FATHER'S NAME <u>Charles A. Rosebrough</u>		13b. MOTHER'S MAIDEN NAME <u>Idea Hagman</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Rosebrough</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>?-Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irene Rosebrough 2006 Hanley Rd.</u>
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Extreme Hypertension, Advanced Pulmonary Emphysema, Chronic Coronary Artery Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>from lung cancer</u> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
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 <u>002X</u>		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?
22. I hereby certify that I attended the deceased from <u>1946</u> to <u>4/24/53</u> , 1953, that I last saw the deceased alive on <u>12/22/52</u> , and that death occurred at <u>6:30 P.M.</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>R. Richardson M.D.</u>		(Degree of title)		23b. ADDRESS <u>1145 Central Station</u>
23c. DATE SIGNED <u>4/28/53</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 28/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.,</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>				
DATE REC'D BY LOCAL REG. <u>4-27-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donohue M.D. W. Clark</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>1125 Hodieman</u>

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

*R. Richterstick*

Dr. S.R. Richterstick  
114 N. Central Ave.  
or 35 S. Central  
Pa 6425 2-4 p.m.

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 *Frederick J. Farmer*.....

Licensed Embalmer No. *4788*.....

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