

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26549

State File No.

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6225**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) ROSIE KAUFMANN		a. (First) ROSIE	b. (Middle) KAUFMANN
4. DATE OF DEATH (Month) (Day) (Year) Jun. 20 1953		c. (Last) KAUFMANN	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sep. 22, 1872
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
13a. FATHER'S NAME Peter Haller		13b. MOTHER'S MAIDEN NAME Catherine Unknown	14. NAME OF HUSBAND OR WIFE Late George Kaufmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lottie Kaufmann ADDRESS 4990a Pernod Ave.
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) ruptured aortic bladder. INTERVAL BETWEEN ONSET AND DEATH 2 wks ANTECEDENT CAUSES fall pneumonia & bone. DUE TO (b) 191. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Ch. Myo. cordis tri. Conditions contributing to the death but not related to the disease or condition causing death. 169	
19a. DATE OF OPERATION June 6-5-53	19b. MAJOR FINDINGS OF OPERATION Ruptured aortic bladder. Open Peritonitis		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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 584X	
22. I hereby certify that I attended the deceased from June 2, 1953 , to June 20, 1953 , that I last saw the deceased alive on June 20, 1953 , and that death occurred at 2:30 P m., from the causes and on the date stated above.			
23a. SIGNATURE Jr. R. H. ... (Degree or title)		23b. ADDRESS 1504 P. ...	23c. DATE SIGNED 6/22/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jun. 23, 1953	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
DATE REC'D BY LOCAL REG. JUN 22 1953	REGISTRAR'S SIGNATURE J. C. ...	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.	

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 *William B. White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *4228th Ring*.....

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.