S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45175

BIRTH NO. 1249147 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Desloge 0940 0
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Samuel
b. (Middle) David
c. (Last) Rosener

4. DATE OF DEATH (Month) Dec. (Day) 28 (Year) 1953

5. SEX Male 0
6. COLOR OR RACE White Caus.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT 0
8. DATE OF BIRTH Dec. 27-1953.
9. AGE (In years last birthday) — If under 1 year: Months / Days — If under 24 hrs.: Hours 17 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — NONE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Bonne Terre Hospital Bonne Terre Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mr. Samuel Arthur Rosener
13b. MOTHER'S MAIDEN NAME Lela Louise Hahn.
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Leland Hahn (Grandparent) — ADDRESS Desloge, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of lung since Birth — INTERVAL BETWEEN ONSET AND DEATH 17 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature birth. Born at 7 months (Pregnancy)
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 76625
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 12/28/53

22. *I hereby certify that I attended the deceased from* 10 00 AM, 1953, to 3 00 Am. 12/28, 1953, *that I last saw the deceased alive on* 8 00 PM, 12/28/53, *and that death occurred at* 3 00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul L. Jones (Degree or title) O
23b. ADDRESS 12 Wood Drive, Flat River Mo
23c. DATE SIGNED 1/4/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-29-1954
24c. NAME OF CEMETERY OR CREMATORY Bonne Terre Catholic Cem.
24d. LOCATION (City, town, or county) Bonne Terre (State) Mo

DATE REC'D BY LOCAL REG. JAN. 14, 1954
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE Alvin W. Hood — **ADDRESS** 303 Cross St. Flat River, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Alvin W. Hood

Licensed Embalmer No. 2780.

P. O. Address 303 Grand St. Flat River, N

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.