

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

State File No. **5813**  
Registrar's No. **548**

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Charles</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>500 Lindenwood Ave,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Joseph's Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Rosanna</b>	b. (Middle) <b>Caroline</b>	c. (Last) <b>Merx</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 18, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 12, 1869</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>6</b>	IF UNDER 1 HR. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George Kohlepp</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Klotz</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Merx</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hubert Merx, Saint Charles, Mo.</b>	ADDRESS <b></b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension Heart Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis</b>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb. 1**, 19**53**, to **Feb. 18**, 19**54**, that I last saw the deceased alive on **Feb. 19**, 19**54**, and that death occurred at **9 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. J. J. [Signature]</b>	23b. ADDRESS <b>St. Charles, Mo.</b>	23c. DATE SIGNED <b>Feb. 19, 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 21, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saint Charles, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Feb 19 1954</b>	REGISTRAR'S SIGNATURE <b>Francis Hamilton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.C. Dalleney &amp; Sons</b>	ADDRESS <b>St. Charles, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 2

**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 *Frank R Amalson*

Licensed Embalmer No. *48328*

P. O. Address *St. Charles, T*

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.