No. 300
10.48

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

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 28504

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1939

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Berkeley
c. LENGTH OF STAY (In this place): 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6239 Evergreen

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Berkeley 1041
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 6239 Evergreen

**3. NAME OF DECEASED** (Type or Print)
a. (First): DONALD
b. (Middle): EARL
c. (Last): ROSE Sr.

**4. DATE OF DEATH** (Month) (Day) (Year): Aug. 17, 1955

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: July 11, 1900
**9. AGE** (In years last birthday): 55 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Hoisting Engineer
**10b. KIND OF BUSINESS OR INDUSTRY**: Construction
**11. BIRTHPLACE** (City and State or Foreign Country): New York
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: William Rose
**13b. MOTHER'S MAIDEN NAME**: Clarina Hendrickson
**14. NAME OF HUSBAND OR WIFE**: Jane B. Rose

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 492-10-4638
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Donald E. Rose, Jr., Berkeley, 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) Coronary embolus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Unknown

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**: 4201
**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?**

22. *I hereby certify that I attended the deceased from* 8-17, 1955 *to* _____, 19___, *that I last saw the deceased alive on* 8-17, 1955, *and that death occurred at* 2:45 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [illegible], M.D.
**23b. ADDRESS**: Ferguson, Mo.
**23c. DATE SIGNED**: 8-18-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 8-20-55
**24c. NAME OF CEMETERY OR CREMATORY**: New Hope Cemetery
**24d. LOCATION** (City, town, or county) (State): Centralia, Mo. R. R.

**DATE REC'D BY LOCAL REG.**: 8/19/55
**REGISTRAR'S SIGNATURE**: Herbert R. [illegible]
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: WHITE CHAPEL, FERGUSON, MISSOURI

(Licensed Embalmer) (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 emba

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Elena Province

Licensed Embalmer No. 3403

P. O. Address Jennings, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.