

FILED JUN 14 1956

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

18554

State File No. ....

No. 300  
10-48BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5364**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS Mo</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>INCARNATE WORD HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>2125 LYNCH</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROSE</b> b. (Middle) <b>-</b> c. (Last) <b>ROSEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 3 1956</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 15 1897</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WAITRESS</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MERCANTILE TR. BANK</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>WILLIAM KLEIN</b>		13b. MOTHER'S MAIDEN NAME <b>LENA KRAUSE</b>	
14. NAME OF HUSBAND OR WIFE <b>PAUL ROSEN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>500-16-0462</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>PAUL ROSEN</b>		ADDRESS <b>2125 LYNCH ST.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adeno Carcinoma of stomach</b> ANTECEDENT CAUSES DUE TO (b) <b>Peritonitis</b> DUE TO (c) <b>Leakage at suture line.</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 <b>Carcinoma of antrum of stomach - metastases of peritonitis</b>	
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) <b>151X</b>			
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?			
22. I hereby certify that I attended the deceased from <b>5/20</b> , 19 <b>56</b> , to <b>6/3</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>6/3</b> , 19 <b>56</b> , and that death occurred at <b>11:45 m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>L. P. Walker M.D.</b>		23b. ADDRESS <b>2608 S. Kingshighway</b>	
23c. DATE SIGNED <b>6/4/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 7 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST. MARCUS</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>	
DATE REC'D BY LOCAL REG. <b>JUN 4 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	
25. FUNERAL DIRECTORY'S SIGNATURE <b>Thomas Kates</b>		ADDRESS <b>2906 Grand</b>	

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

M.B. (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.....  
Signature of Student Embalmer

Signed.....

*Leo J. Budde*

Licensed Embalmer No. 398

P. O. Address St. Louis

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.