

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10983
STATE FILE NUMBER 3097

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 1134 Lawn Avenue		Length of stay in 1b 20 1/2		d. STREET ADDRESS (If outside, give location) 1134 Lawn Avenue	
3. NAME OF DECEASED (Type or print) First Harry Middle E Last Rosenberger			4. DATE OF DEATH Month 3 Day 28 Year 1957		
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 4, 1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Month 11 Days 24 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groceryman		10b. KIND OF BUSINESS OR INDUSTRY Wholesale		11. BIRTHPLACE (City and state or country) St. Louis, Missouri 0	
13. FATHER'S NAME Jacob Rosenberger			14. MOTHER'S MAIDEN NAME Sophie Veninga		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES S.A.W.		16. SOCIAL SECURITY NO.		17. INFORMANT Address Anna E Rosenberger 1134 Lawn Ave	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY HEMORRHAGE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) METASTATIC CARCINOMA DUE TO (c) CARCINOMA OF RECTUM					INTERVAL BETWEEN ONSET AND DEATH INSTANT 6 MONTHS 1 YEAR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) NONE					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 1544			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 26 FEB 57 to 28 MAR 57 and last saw her ^{her} alive on 24 MAR 57 Death occurred at 10:00 Am on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceasee or title) James F. Michael MD			22b. ADDRESS 4952 MARYLAND AVE ST. LOUIS 8, MO		22c. DATE SIGNED 29 MAR 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-30-1957	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR ADDRESS Holmeister Colonial Mortuary 6164 Chippewa Street, St. Louis, Mo			25. DATE RECD. BY LOCAL REG. MAR 30 57	26. REGISTRAR'S SIGNATURE Carl Smith MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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.

Leslie C. Hoffmann

Licensed Embalmer No. 387

P. O. Address 7814 S. B.

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

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.