THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30326

FILED SEP 9 1957 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2090

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 800 Lockett Rd. — Length of stay in Ib: 10 YEARS

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood 46730 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 800 Lockett Rd. — Reside on Farm: Yes ☐ No X

**3. NAME OF DECEASED** (Type or print): First: Ida Middle: A. Last: Rosemann

**4. DATE OF DEATH** Month, Day, Year: Aug. 21, 1957

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. MARRIED** X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH:** Sept. 25, 1882

**9. AGE** (In years last birthday): 74 — 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): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:** None

**11. BIRTHPLACE** (City and state or country): St. Louis, Mo.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Louis Knost

**14. MOTHER'S MAIDEN NAME:** Annie Schmiedeke

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): None

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT** Address: Missouri
Wm. A. Roseman-800 Lockett-Kirkwood

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — 20 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) A.S.H.D. — sev - yr.
DUE TO (c) Had previous myocardial infarction on — 27 Jul '57

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cystadenoma of ovary - excision + nitrogen mustard Rx

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO X

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.) 4200

**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**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 12 Apr '57 to 21 Aug '57 and last saw her alive on 13 Aug '57
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** John Johnson (Degree or title) M.D.

**22b. ADDRESS** 109 W. Jefferson

**22c. DATE SIGNED** 21 Aug 1957

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE:** 8-23-57

**23c. NAME OF CEMETERY OR CREMATORY:** St. Peter's Cem.

**23d. LOCATION** (City, town, or county) (State): KIRKWOOD, MO.

**24. FUNERAL DIRECTOR** ADDRESS: Pfitzinger Mort., Kirkwood 22, Mo.

**25. DATE RECD. BY LOCAL REG.:** 8-22-57

**26. REGISTRAR'S SIGNATURE:** Herbert R Donche

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually 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 e

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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