

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011334  
STATE FILE NUMBER  
2-3088  
Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. \_\_\_\_\_

FILED APR 10 1959

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|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY                                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>St. Louis</u>  |                                  | c. CITY OR TOWN <u>St. Louis</u>  |   |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>42 Portland Pl.</u>  |                                  | d. STREET ADDRESS (If outside, give location)<br><u>42 Portland Pl.</u>   |   |
| Length of stay in 1b  |                                  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>SOL ROOS</u>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>March 26, 1959</u>   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Apr. 22, 1876</u>  |
| 9. AGE (In years at birthday) <u>82</u>   |                                  | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HRS.<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Executive</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>American Metal</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Germany</u>  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |                                  | 13a. FATHER'S NAME<br><u>Jacob Roos</u>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><u>Selma Kalter Roos</u>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Unk.</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>Unk.</u>  |   |
| 17. INFORMANT<br><u>Lawrence K. Roos-#1</u>   |                                  | Address<br><u>Warson Lane</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>generalized arteriosclerosis</u>  |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 7/8</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Cerebral Haemorrhage</u>  |                                  |   |   |
| DUE TO (c) <u>Chronic Cystitis - (V. Bladder)</u>   |                                  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>331X</u>  |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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.)  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>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 <u>3 19 37</u> to _____ and last saw him alive on <u>March 26</u><br>Death occurred at <u>3 45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE<br><u>Lead Smith</u> (Degree or title)   |                                  | 22b. ADDRESS<br><u>505 3rd St</u>   |   |
| 22c. DATE SIGNED<br><u>3/27/59</u>  |                                  |   |   |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify)<br><u>Removal</u>  |                                  | 23b. DATE<br><u>3/27/59</u>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Sinai Cemetery</u>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Missouri</u>  |   |
| 24. FUNERAL DIRECTOR<br><u>Herman Rindskopf, Inc.</u> ADDRESS<br><u>5216 Delmar</u>   |                                  | 25. DATE RECEIVED BY LOCAL REG.<br><u>MAR 27 59</u>   |   |
| 26. REGISTRAR'S SIGNATURE<br><u>Lead Smith, M.D.</u>  |                                  |   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

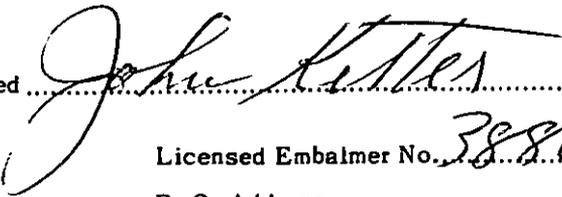
All diseases in Part I must be causally related.

27. 28.

**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  .....  
Licensed Embalmer No. 3880 .....  
P. O. Address .....

**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.**