

FILED NOV 26 1945
Registration District No. **60763063**

Primary Registration District No. **60763063**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. Louis County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether
In this community **42 years** years, months or days)

3. (a) PRINT FULL NAME **Viola E. Rose**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **Samuel Rose** 6. (c) Age of husband or wife if alive **7** years
7. Birth date of deceased (Month) **7** (Day) **15** (Year) **1870**

8. AGE: Years **75** Months **4** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Wm. Colenbender**
13. Birthplace **Holland** (City, town, or county) (State or foreign country)

14. Maiden name **Catherine Ansligne**
15. Birthplace **Dutch E. Indis** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Esther Harty, daughter**
(b) Address **2663rd Sutton Maplewood**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 19, 1945** (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cem. St. Louis, Co.**

18. (a) Signature of funeral director **Jay B. Smith**
(b) Address **7456 Manchester Ave. Maplewood, Mo.**

19. (a) **11-23-45** (Date received local registrar) (b) **E. J. M. Gavan** (Registrar's signature) **25**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis 96**
(c) City or town **Maplewood** (If outside city or town limits, write "RURAL")
(d) Street No. **2663rd Sutton** (If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **16** year **1945** hour **10** minute **35 A.** M.

21. I hereby certify that I attended the deceased from **11-15** **1945**, 19. **11-16**, 19. **11-16**
that I last saw him alive on **11-16** and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive cardio-vascular disease** Duration **1 yr.**

Due to **93d**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (c) Means of injury _____

23. Signature **Wm. W. Carter M.D.** (M. D. or other) Address **601 Benton Cty.** Date signed **11/14/45**

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 3454
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No.

3454

P. O. Address

17456 Manchester

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 this body is not embalmed, fact should be so stated above.