

REC'D JUN 22 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18812
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 535
(b) Township St. Michael Primary Registration District No. 3028 Registered No. 55-
(c) City Fredricktown (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 3 yrs. 11 mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

EDWIN HENRY ROSE 200
(a) Residence, No. Fredricktown Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Freda Rose
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1897
7. AGE YEARS 41 MONTHS 1 DAYS x If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as saw mill, bank, etc. Owner of Druggstore
10. Date deceased last worked at this occupation (month and year) June 10, 1938 11. (Total time (years) spent in this occupation) 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gordonville Mo.

FATHER 13. NAME William C. Rose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gordonville Mo.

MOTHER 15. MAIDEN NAME Martha Kerstner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gordonville Mo.

17. INFORMANT (ADDRESS) Mrs. Freda Rose Fredricktown, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Fredricktown DATE June 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) Stapley H. Dixon Fredricktown

20. FILED June 13, 1938 S. G. S. Clearwater (Address) Fredricktown Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1938
22. I HEREBY CERTIFY, That I attended deceased from last say he was alive on June 10, 1938 Death is said to have occurred on the date stated above, at 9:10 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary block June 10, 1938
Date of onset
Other contributory causes of importance: Coronary disease Jan 1937
fractured ribs

Name of operation _____ Date of _____
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) S. G. S. Clearwater, M. D.
Fredricktown Mo.

STATEMENT BY LICENSED EMBALMER

I, William B. O'Connor, Licensed Embalmer No. 3975

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed William B. O'Connor

Licensed Embalmer No. 3975

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.)