

AUG 12 1938

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

23871

Do not use this space.

6565

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis, Mo.** (d) Street No. **Saint Louis Maternity Hospital** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Rosner, Infant**

(a) Residence, No. **5025a Mardel Avenue** St. **14**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **8<sup>30</sup> pm**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 19, 1938**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**Stillborn**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER 13. NAME **Rosner, Leonard Anthony**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bucyrus, Kansas**

MOTHER 15. MAIDEN NAME **Waechter, Clara Gertrude**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Olpe, Kansas**

17. INFORMANT (ADDRESS) **Leonard J. Rosner**  
**5025a Mardel**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Unit** DATE **JUL 23 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Dept. of Pathology**  
**Washington Unit**

20. FILED 19 **JUL 23 1938** **J. J. Brudick** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 19 1938**

22. I HEREBY CERTIFY That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw him ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at **8:30 p.m.**

The principal cause of death and related causes of importance were as follows:

**still born, macerated**  
**6 mo**

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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?

If so, specify

(Signed) **J. P. O'Malley**, M. D.

(Address) **4938 Maryland**

6565  
6565

---

---

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**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.)**