

38200

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

10039

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Anthony Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
 (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME ROSELLA ROSTER 236

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 Married6. (b) Name of husband or wife Christian 6. (c) Age of husband or wife if alive 77 years7. Birth date of deceased September 12 1866
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
73 2 12 hr. min.9. Birthplace Ironton Missouri
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business _____

12. Name Hugh H. McLafferty13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)14. Maiden name Katherine Pearson15. Birthplace Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Chris Roster(b) Address 2915 Osage St.17. (a) Burial (b) Date thereof Nov. 27, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place, burial or cremation St. James, Missouri18. (a) Signature of funeral director J. H. Burkhardt & Sons Co.(b) Address 2842 Meramec St.19. (a) Nov 24 1939 (b) J. D. Bredbeck
(Physician's local registrar) (Physician's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 24
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2915 Osage St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1939 hour 4 minute _____ A. M.21. I hereby certify that I attended the deceased from Nov 16
1939 to Nov 24, 1939
that I last saw her alive on Nov 24, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chr. Myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____23. Signature Chris Roster (M. D. or other) _____Address 3805 DuBouway Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 27 1939

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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.....

Robert F. Gebken

Registered Apprentice No. **187**

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. **2120**

2842 Meramec St:

P. O. Address **St. Louis, Mo.**

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, above space should be left blank.