

Registration District No. 1003

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo 2
 (b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2228 Dodier
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days 200

3. (a) PRINT FULL NAME Mrs Frances Roscoe

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Robert Roscoe 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Nov 16 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 12 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business Retired laborer

MOTHER FATHER
 12. Name Mr Funk
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lena Powell

(b) Address 2228 Dodier St

17. (a) St. Peter's (b) Date thereof Dec. 1, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Blvd

19. (a) NOV 30 1939 (b) J. B. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1
 (c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
 (d) Street No. 2228 Dodier
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
 year 1939 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 17
 1939 to Nov. 28 1939
 that I last saw her alive on Nov 28 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
hypertension
 Due to cardio renal disease

Due to _____
 Other conditions AS
(Include pregnancy within 5 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? _____

23. Signature Arthur J. ... (Specify type of place) _____
(M. D. or other) M.D.
 Address 7702 University Date signed 11/29/39

Duration yr
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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

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.

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

Signed

Jack W. Lubeck

Licensed Embalmer No.

4118

P. O. Address

4024 Riverside

*N. 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.