

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **791**

Primary Registration District No. **1003**

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:
3908 Delor St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ **20** days
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME BARBARA ROSER

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** Widowed

6. (b) Name of husband or wife Louis Roser **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased December 2 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace _____ Germany.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER { **12. Name** Xavier Gress

 { **13. Birthplace** _____ Germany.
(City, town, or county) (State or foreign country)

MOTHER { **14. Maiden name** Dont Know.

 { **15. Birthplace** _____ Dont Know.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josephine Roser
(b) Address 3908 Delor St.

17. (a) Burial _____ **(b) Date thereof** Oct. 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director J. H. Gebken L. H. Co.
(b) Address 2842 Meramec St.

19. (a) OCT 27 1940 **(b)** _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis **15**
(If outside city or town limits, write "RURAL")

(d) Street No. 3908 Delor St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th
year 1940 hour 11 minute 55 **A.** M.

21. I hereby certify that I attended the deceased from 1/2/40, 19____, to 10/25/40, 19____;
that I last saw her alive on 10/25/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocarditis about 1 yr
to decompensation

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within months of death)

Major findings: _____
Of operations no

Of autopsy no

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)** _____ **(e) Means of injury** _____

23. Signature J. C. Blum (M. D. or other) _____
Address 4523 S. Kings Highway **Date signed** 10/27/40

4523

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... *Robert F. Gebken*

Licensed Embalmer No. **4144**
..... **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.